2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State
02-22-2007 90018 012 ***150.00

DOCUMENT # P00000078413

1. Entity Name
CYPRES RANE, INC.

Principal Place of Business	Mailing Address
530 GRAND AVE ORLANDO FL 32805	530 GRAND AVE ORLANDO FL 32805

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3666647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRAN, ROBERT C 1906 NW 24TH ST GAINESVILLE FL 32605	Name: Robert C. Ferran Street Address (P.O. Box Number is Not Acceptable): [redacted] #4 Coquina Ave. 32080 City: St. Augustine FL Zip Code: [redacted]

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 2-11-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FERRAN, ROBERT C 1906 NW 24TH ST GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP Robert C. Ferran P.O. Box 3426 St. Augustine, FL. 32085	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVPS MARMETSCHKE, ADOLPH 337 OAK LEAF CIRCLE LAKE MARY FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Correction !!!	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Robert C. Ferran #4 Coquina Ave	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Saint Augustine, FL. 32080	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #