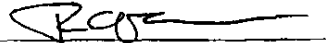


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 530 GRAND AVE ORLANDO FL 32805		Mailing Address 530 GRAND AVE ORLANDO FL 32805	
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 FERRAN, ROBERT C 1906 NW 24TH ST GAINESVILLE FL 32605		7. Name and Address of New Registered Agent Name Robert C. Ferran Street Address (P.O. Box Number is Not Acceptable) #4 Coquina Ave. City St. Augustine FL Zip Code 32080	
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  DATE 2-11-07			
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!!! Robert C. Ferran #4 Coquina Ave St. 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
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:  DATE _____			