


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000007000 |  |
| 1. Entity Name CYPRESS STAR ENTERPRISES, INC. | |

| | |
|---|---|
| Principal Place of Business 212 MAIN ST AUBURNDALE FL 33823 | Mailing Address P.O BOX 291 WINTER HAVEN FL 33882 |
|---|---|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3691096** Applied For ☐ Not Applicable ☐

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

| |
|---|
| 6. Name and Address of Current Registered Agent SAVOIE, FRANK A 212 MAIN ST AUBURNDALE FL 33823 |
|---|

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May 1**
Trust Fund Contribution. ☐ **Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | SAVOIE, FRANK A |
| STREET ADDRESS | 212 MAIN STREET |
| CITY- ST- ZIP | AUBURNDALE FL 33823 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | SAVOIE, JULIA ELLEN |
| STREET ADDRESS | 20 S. LK FLORENCE DR. |
| CITY- ST- ZIP | WINTER HAVEN FL 33884 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | 000000414190 |
| STREET ADDRESS | 02/11/06-80026-020 150.00 |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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: *Frank A. Savioe* **DATE:** _____ **Daytime Phone #:** _____