

2004 FOR PROFIT CORPORATION ANNUAL REPORT


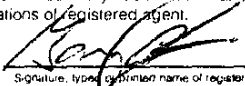

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90012 002 ***150.00

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03032004 Chg-P CR2E034 (10/03)

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|---|--|--------------------------------|---|--|--|
| DOCUMENT # P01000028049 | | | |  | |
| 1. Entity Name CYPRESS CONSTRUCTION COMPANY OF LAKE HAMILTON, INC. | | | | | |
| Principal Place of Business 46 BREAM ST. DELRAY BEACH, FL 33-4844 | | | Mailing Address PO BOX 719 LAKE HAMILTON, FL 33851 | | |
| 2. Principal Place of Business 46 Bream Street | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Haines City, FL | | City & State | | 4. FEI Number 59-3705484 | |
| Zip 33844 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent STRNAD, DAN 46 BREAM ST. HAINEES CITY, FL 33844 | | | 7. Name and Address of New Registered Agent Name Gary Strnad Street Address (P.O. Box Number is Not Acceptable) 46 Bream Street City Haines City FL Zip Code 33844 | | |
| 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 03/08/04 | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P STRNAD, GARY 46 BREAM STREET HAINEES CITY, FL 33844 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Strnad, Gary 46 Bream Street, Haines City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD STRNAD, ROLAND 3828 GAINES COVE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Strnad, Karen 46 Bream Street, Haines City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Gary Strnad - P | | | DATE 03/08/04 863-439-4871 | | |