

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90017 040 \*\*\*150.00

|                                                                  |                                                                                   |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000084029</b>                                   |  |
| 1. Entity Name<br>CYPRESS CONTRACTING OF SOUTHWEST FLORIDA, INC. |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br>2657 MEADOW LN.<br>FT. MYERS, FL <del>33916</del> 33901 | Mailing Address<br>2657 MEADOW LN.<br>FT. MYERS, FL <del>33916</del> 33901 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

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

|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 07262004 Chg-P CR2E034 (10/03)                                                           |                                                        |
| 4. FEI Number<br>65-1132021                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                        |

|                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>MONTGOMERY, JOSEPH<br>2657 MEADOW LN.<br>FT. MYERS, FL <del>33916</del> 33901 |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 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.

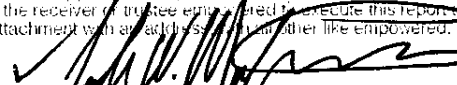
SIGNATURE \_\_\_\_\_

|                                                                       |                                                                                                                |                                                                                              |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                      |
|----------------------------|--------------------------------------|
| TITLE                      | <input type="checkbox"/> Delete      |
| NAME                       | MONTGOMERY, JOSEPH                   |
| STREET ADDRESS             | 2657 MEADOW LN.                      |
| CITY ST ZIP                | FT. MYERS, FL <del>33916</del> 33901 |
| 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                |                                      |
| 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"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY ST ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY ST ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY ST ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY ST ZIP                                           |                                                                   |

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, or in an other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**COPY**

7/26/04 239-275-7766