## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P01000091759

SIGNATURE:



FILED Mar 08, 2004 8:00 am Secretary of State 03-08-2004 90049 018 \*\*\*150.00

CYPRESS CREEK TITLE CORPORATION										
Principal Place of Business 2700 W. CYPRESS CREEK RD., STE. D-115 FT. LAUDERDALE, FL 33309		Mailing Address 2700 W. CYPRESS CREEK RD., STE. D-115 FT. LAUDERDALE, FL 33309			I JADAKATA I	I/ 00101 (101/ 001/1 0E/I) E			HBS:    486;	
2. Principal F	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02262004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Numb			<u> </u>	oplied For	
Zip	Country	Zip	Count	ry		of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		· ·	7. Name and	d Address of New	Registered A	gent	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
LACK, JONATHAN D 2700 W. CYPRESS CREEK RD., STE. D-115 FT_LAUDERDALE, FL 33309			ļ	Street Addres 80		Cleinman per is Not Acceptab ress Creek	Road,			
j.					. Lauderd		FL	Zip Code		
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.				ared when reinstating)		ebruary	,		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Conf			55.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Delete LACK, JONATHAN D 2700 W. CYPRESS CREEK RD., STE. D-115 FT. LAUDERDALE, FL 33309			T ADDRESS 2	S ⊠ Change ☐ Addition nannon A. Garvey 700 W. Cypress Creek Road; Suite D-11: t. Lauderdale, FL 33309					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2700 W. CYPRESS CREEK RD., STE., D-115			H ADDRESS 8	00 W. Cvr	T Change Maddition oward R. Kleinman O W. Cypress Creek Road, Suite 240 Lauderdale, FL 33309				
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					<del>.</del>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				,		☐ Change	☐ Addition	
indicatéd	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee-empt or on an attachment with an address.	true and accurate and that r	ny signati	ure shall have th	he same legal effe	ct as if made under	oath: that I a	m an officer	or director	