2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # P02000006554 1. Entity Name CYRANO INVESTMENTS, INC. Principal Place of Business Mailing Address 13215 DRAYTON DR. 13215 DRAYTON DR. SPRING HILL, FL 34609 SPRING HILL, FL 34609 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 30-0031000 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NESSLER, PAUL H JR DO NOT WRITE 10002 CORTEZ BLVD BROOKSVILLE, FL 34613 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered offic or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Ager DAT 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000060795 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 02/23/04-80055-001 150.00 OFFICERS AND DIRECTORS 10. TITLE NESSLER, PAUL JR NAME STREET ADDRESS 10002 CORTEZ BLVD BROOKSVILLE, FL 34613 CITY-ST-ZIP TITLE NESSLER, VIVIAN NAME STREET ADDRESS 10002 CORTEZ BLVD CITY -ST-ZIP BROOKSVILLE, FL 34613 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

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Daytime Phone #