

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000040043**

1. Entity Name  
**CYPRESS GLADES, INC.**



Principal Place of Business  
**14501 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837-6632**

Mailing Address  
**14501 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837-6632**



03082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MCHUGH, MARK  
14501 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837-6632**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MCHUGH, MARK
STREET ADDRESS	14501 S ORANGE BLOSSOM TRAIL
CITY - ST - ZIP	ORLANDO, FL 328376632
TITLE	D
NAME	GODWIN, FRANK
STREET ADDRESS	8605 S TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	GODWIN, JOANN
STREET ADDRESS	8605 S TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	GENTRY, MELVIN
STREET ADDRESS	700 NEPTUNE ROAD
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	GENTRY, MARY LOU
STREET ADDRESS	700 NEPTUNE ROAD
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	GODWIN, NANCY
STREET ADDRESS	22431 LAUDERDALE DRIVE
CITY - ST - ZIP	LUTZ, FL 33549

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04/14/05-80031-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05

Date

4078555496

Daytime Phone #