

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040043

Entity Name: CYPRESS GLADES, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

14501 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 328376632

New Principal Place of Business:

Current Mailing Address:

14501 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 328376632

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCHUGH, MARK
14501 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 328376632 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCHUGH, MARK
Address: 14501 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 328376632

Title: D () Delete
Name: GODWIN, FRANK
Address: 8605 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: GODWIN, JOANN
Address: 8605 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: GENTRY, MELVIN
Address: 700 NEPTUNE ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: GENTRY, MARY LOU
Address: 700 NEPTUNE ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: GODWIN, NANCY
Address: 22431 LAUDERDALE DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MCHUGH

CEO

04/28/2009

Electronic Signature of Signing Officer or Director

Date