2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# P02000092624

Entity Name: CYPRESS COVE INSURANCE, INC.

Current Principal Place of Business:

6995 ESSEX DR
FT MYERS, FL 33919

New Principal Place of Business:

4825 TARPON CT
FT MYERS, FL 33919

Current Mailing Address:

6995 ESSEX DR
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 47-0886728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: WILSON, CLIFFORD D
Address: 6995 ESSEX DR
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: WILSON, CLIFFORD D
Address: 4825 TARPON CT. A
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLIFFORD D WILSON PSTD 05/03/2004

Electronic Signature of Signing Officer or Director Date