


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000127501 1. Entity Name CYPRESS AIR, INC.	
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Principal Place of Business 2450 CYPRESS PKWY HAINES CITY, FL 33844	Mailing Address 2450 CYPRESS PKWY HAINES CITY, FL 33844
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2196713	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCCORKLE, MICAH F
2450 CYPRESS PKWY
HAINES CITY, FL 33844

**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 _____

U00000371581
07/08/05-80008-015 158.75

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
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCORKLE, MICAH F 2450 CYPRESS PKWY HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCORKLE, JOANNE 2450 CYPRESS PKWY HAINES CITY, FL 33844
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joanne McCorkle - JOANNE MCCORKLE 7/1/05 863-421-4315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #