

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90200 046 ***150.00

DOCUMENT # PO2000127501	
1. Entity Name	
Cypress Air, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2450 Cypress Parkway		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Haines City, FL		City & State	
Zip 33844	Country	Zip	Country

40069829

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2196713		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICAH MCCORKLE 2150 CYPRESS PARKWAY HAINES CITY FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOANNE M MCCORKLE 2150 CYPRESS PARKWAY HAINES CITY FL 33844
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/07
Date

863 421 4315
Daytime Phone #