

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000119071

1. Entity Name

CYPRESS BUILDERS ENTERPRISES, INC.



Principal Place of Business

PO BOX 1326
NEW PORT RICHEY, FL 34656

Mailing Address

PO BOX 1326
NEW PORT RICHEY, FL 34656



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2408200 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HULSLANDER, MARK
3600 KINGSBURY DR
HOLIDAY, FL 34691

**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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

3/8/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000467496
03/23/06-20053-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HULSLANDER, MARK
STREET ADDRESS 3600 KINGSBURY DR
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE D
NAME HULSLANDER, CARRIE
STREET ADDRESS 3600 KINGSBURY DR
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 exemptions contained 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 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:

Carrie Hulslander, Carrie Hulslander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE President

3-8-06
Date

727-848-2348
Daytime Phone #