


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90029 008 ***158.75

DOCUMENT # <u>P04000031029</u>	
1. Entity Name <u>CYPRESS PLUMBING OF CHARLOTTE COUNTY INC</u>	

DO NOT WRITE IN THIS SPACE

60007219

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>19 GRANDMONT ST</u>		Suite, Apt. #, etc. <u>19 GRANDMONT ST</u>	
City & State <u>PORT CHARLOTTE FL</u>		City & State <u>PORT CHARLOTTE FL</u>	
Zip <u>33954</u>	Country <u>USA</u>	Zip <u>33954</u>	Country <u>USA</u>

CR2E034B (8/05)

4. FEI Number <u>043783158</u>	Applied For <input type="checkbox"/>
Not Applicable <input checked="" type="checkbox"/>	

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>SCOTT BAILEY</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>19 GRANDMONT ST</u>	
City <u>PORT CHARLOTTE</u>	Zip Code <u>FL 33954</u>

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P V T S</u> <u>SCOTT BAILEY</u> <u>19 GRANDMONT ST</u> <u>PORT CHARLOTTE, FL 33954</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Scott Bailey SCOTT BAILEY 1/22/07 941 456-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #