

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-22-2006 90005 041 ***150.00

DOCUMENT # P05000011286 1. Entity Name CYPRESS FARM FLORIDA, INC.					
Principal Place of Business 1850 43RD AVE STE C-11 VERO BEACH, FL 32960			Mailing Address 1850 43RD AVE STE C-11 VERO BEACH, FL 32960		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1321468	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEUTELL, GEORGE 1850 43RD AVE STE C-11 VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 reappointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAECKSTROM, INGELA N 1850 43RD AVE STE C-11 VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NISSEN, CHRISTA 1850 43RD AVE STE C-11 VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NISSEN, ANDREAS 1850 43RD AVE STE C-11 VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MEHNERT, VOLKER 1850 43RD AVE STE C-11 VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
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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: <i>George Beutell</i> DIRECTOR					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR					
Date: 3/9/06 Daytime Phone #: (772) 569-4481					

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4. FEI Number **58-1321468** Applied For ☐ Not Applicable ☒

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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SIGNATURE: *George Beutell* **DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date: **3/9/06** Daytime Phone #: **(772) 569-4481**