


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P05000011286 1. Entity Name CYPRESS FARM FLORIDA, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1321468	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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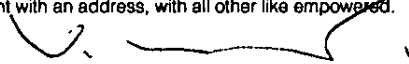
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAECKSTROM, INGELA N 1850 43RD AVE STE C-11 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NISSEN, CHRISTA 1850 43RD AVE STE C-11 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NISSEN, ANDREAS 1850 43RD AVE STE C-11 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MEHNERT, VOLKER 1850 43RD AVE STE C-11 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80101-019 158.75

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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:  **V. MEHNERT, Secretary** **04-17-2007** **514-861-3577**

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