

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000080374

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** CYPRESS LAKE AIRBOAT TOURS, INC.

**Current Principal Place of Business:**

3301 LAKE CYPRESS RD.  
KENANSVILLE, FL 34739

**New Principal Place of Business:**

**Current Mailing Address:**

3301 LAKE CYPRESS RD.  
KENANSVILLE, FL 34739

**New Mailing Address:**

6265 WHIP-O-WILL LANE  
SAINT CLOUD, FL 34771

**FEI Number:** 26-0418952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, DOUGLAS E  
6265 WHIP-O-WILL LANE  
ST CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROWN, DOUGLAS E  
Address: 6265 WHIP O WILL LANE  
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP  
Name: BROWN, JULIE M  
Address: 6265 WHIP O WILL LANE  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS E BROWN

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03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date