

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90137 023 ***150.00

DOCUMENT # P05000082810

1. Entity Name:
CYPRESS COAST MORTGAGE, INC.



Principal Place of Business
6706 PINE ISLAND RD.
TAMARAC, FL 33321

Mailing Address
6706 PINE ISLAND RD.
TAMARAC, FL 33321



2. Principal Place of Business:

3. Mailing Address:

State, Apt. #, etc.

State, Apt. #, etc.

03092006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FFI Number

37-151195

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENTILE, GARY
6706 PINE ISLAND RD.
TAMARAC, FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 required for all changes to corporate records that apply to the)

(NOTE: Registered Agent designation requires signature of new agent)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GENTILE, GARY
STREET ADDRESS 6706 PINE ISLAND RD.
CITY-STATE-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME SICLARI, DAVID
STREET ADDRESS 10715 NW 19 PL
CITY-STATE-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Gentile President April 4, 2006