


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000092949
 1. Entity Name
 CYPRESS DEVELOPMENT AND CONSTRUCTION, INC.



Principal Place of Business
 NINE NORTH O STREET
 LAKE WORTH, FL 33460

Mailing Address
 NINE NORTH O STREET
 LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-1254245

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 D, ARINZO, ROBERT
 9 NO. O STREET
 LAKE WORTH, FL FL

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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. **\$5.00 May Be Added to Fees**

000000754292
 05/22/07-80055-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	D'ARINZO, ROBERT
STREET ADDRESS	531 NORTH O STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	VP
NAME	VOGT, BRIAN A
STREET ADDRESS	2162 MAN OF WAR
CITY-ST-ZIP	WEST PALM BEACH, FL 334115548
TITLE	T
NAME	CASCELLA, ALEX
STREET ADDRESS	531 NORTH O STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 officers empowered.

SIGNATURE: *[Signature]* **4/26/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #