


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90001 022 ***150.00

DOCUMENT # P05000094255		
1. Entity Name CYPRESS TUNNEL SERVICES INCORPORATED		

Principal Place of Business 6161 S. W. 188TH AVENUE SOUTHWEST RANCHES, FL 33332 US	Mailing Address 6161 S. W. 188TH AVENUE SOUTHWEST RANCHES, FL 33332 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50020349



05302006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2521034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JENKS, LOUIS A 4TH 6161 S.W. 188TH AVENUE SOUTHWEST RANCHES, FL 33332	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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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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JENKS, LOUIS A 4TH 6161 S.W. 188TH AVENUE SOUTHWEST RANCHES, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Louis A Jenks (954) 5-27-06 680-9787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #