

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

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**



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2521034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$6.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JENKS, LOUIS A 4TH
6161 S.W. 188TH AVENUE
SOUTHWEST RANCHES, FL 33332**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JENKS, LOUIS A 4TH 6161 S.W. 188TH AVENUE SOUTHWEST RANCHES, FL 33332
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07/11/07-80001-002 150.00

**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 like empowered.

SIGNATURE:

Louis A Jenks IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-09-07 (954) 830-2494

Date

Daytime Phone #