2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# P06000103216

Entity Name: CYPRESS CONSTRUCTION COMPANY OF POLK COUNTY, INC.

Current Principal Place of Business:

46 BREAM ST
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 719
LAKE HAMILTON, FL 33851

New Mailing Address:

46 BREAM ST
HAINES CITY, FL 33844

FEI Number: 61-1506602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRNAD, GARY
46 BREAM ST
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

STRNAD, GARY D
46 BREAM ST
HAINES CITY, FL 33844 US

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: GARY D. STRNAD 03/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STRNAD, GARY
Address: P.O.BOX 719
City-St-Zip: LAKE HAMILTON, FL 33851

Title: ST ( ) Delete
Name: STRNAD, KAREN
Address: P.O.BOX 719
City-St-Zip: LAKE HAMILTON, FL 33851

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STRNAD, GARY
Address: 46 BREAM STREET
City-St-Zip: HAINES CITY, FL 33844

Title: ST (X) Change ( ) Addition
Name: STRNAD, KAREN
Address: 46 BREAM STREET
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY D. STRNAD P 03/14/2009
Electronic Signature of Signing Officer or Director Date