

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90056 049 ***150.00

DOCUMENT # P20653

1. Entity Name
CYPRESS FARM, INC.



Principal Place of Business
**1850 43RD AVE STE C-11
VERO BEACH, FL 32960**

Mailing Address
**PO BOX 2369
VERO BEACH, FL 32961-2369**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1321468

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BEUTTELL, GEORGE
1850 43RD AVE., STE. C-11
VERO BEACH, FL 32960**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEHNERT, VOLKER 3131 TRAFALGAR HEIGHTS MONTREAL, QUEBEC, CA h3y 1h2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACKSTROM, INGELA SKILLINGGRAND 7 STOCKHOLM, SWEDEN, S-11220
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NISSEN, CHRISTA TILLFLYKTEN DROTNINGHOLM, SWEDEN, S-179 93
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NISSEN, ANDREAS JOHN ERICSSONSGATAN 12 STOCKHOLM, SWEDEN, S-11222
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV BETHELL, GEORGE M BEUTTELL, GEORGE M PO BOX 2369 VERO BEACH, FL 329612369
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George M Beutell AV 1/29/04 (772) 569-4481