

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021856

FILED
Sep 06, 2007
Secretary of State

Entity Name: CYCLONE PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

5420 N. FLORIDA AVE
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9762
TAMPA, FL 33674 US

New Mailing Address:

FEI Number: 59-3176586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAWLEY, THOMAS S
5910 N. OLA AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAWLEY, THOMAS S
Address: 5910 N. OLA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: VP () Delete
Name: CAWLEY, ANDREA R
Address: 5910 N. OLA AVENUE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREA CAWLEY

VP

09/06/2007

Electronic Signature of Signing Officer or Director

_____ Date