

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021856

FILED  
Aug 25, 2008  
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:**

CAWLEY, THOMAS S  
5613 ANNA DRIVE  
TAMPA, FL 33610 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: ANDREA CAWLEY      08/25/2008  
\_\_\_\_\_  
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: D      (X) Change ( ) Addition  
Name: CAWLEY, THOMAS S  
Address: 5613 ANNA DRIVE  
City-St-Zip: TAMPA, FL 33610

Title: VP      (X) Change ( ) Addition  
Name: CAWLEY, ANDREA R  
Address: 5613 ANNA DRIVE  
City-St-Zip: TAMPA, FL 33610

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      08/25/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date