


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 028 ***158.75

DOCUMENT # P93000037730 1. Entity Name CYPRESS WOODS DOMESTIC INVESTORS, INC.					
Principal Place of Business 1838 40TH TERRACE SW NAPLES, FL 34116 US			Mailing Address C/O W.D. KRAMER P O BOX 990039 NAPLES, FL 34116		
2. Principal Place of Business 11925 COLLIER BLVD		3. Mailing Address P.O. Box 990039			
Suite, Apt. #, etc. #201		Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL			
Zip 34116-6543		Country USA		Zip 34116-6060	
Country USA		Country USA			
6. Name and Address of Current Registered Agent KRAMER, WILLIAM 1838 40TH TERRACE S.W. NAPLES, FL 34116			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11925 COLLIER BLVD, #201 City NAPLES FL Zip Code 34116-6543		
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 <u><i>William D. Kramer</i></u> WILLIAM D. KRAMER APR 12 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FAXON, DAVID P P.O. BOX 510688 FORT MYERS, FL 33951		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BALLANTYNE, WAYNE E 1119 REGENCY DRIVE COLUMBUS, OH 43220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 I am empowered.					
SIGNATURE: <u><i>David P. Faxon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DAVID P. FAXON APR 12 2004 941-637-0022 <small>Date Daytime Phone #</small>		

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4. FEI Number 65-0419098 Applied For Not Applicable

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