

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000017643**

1. Entity Name  
CYPRESS RIDGE FARM, INC.



Principal Place of Business

101 E. KENNEDY BLVD.  
SUITE 3300  
TAMPA, FL 33602 US

Mailing Address

101 E. KENNEDY BLVD.  
SUITE 3300  
TAMPA, FL 33602 US



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3364007

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GORDON, BRAD A  
101 E. KENNEDY BLVD.  
SUITE 3300  
TAMPA, FL 33602

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MICHAELS, J. PATRICK JR.  
STREET ADDRESS 101 E. KENNEDY BLVD. #3300  
CITY-ST-ZIP TAMPA, FL 33602

TITLE VPT  
NAME GORDON, BRAD A  
STREET ADDRESS 101 E. KENNEDY BLVD. #3300  
CITY-ST-ZIP TAMPA, FL 33602

TITLE VPS  
NAME RAINEY, DORIS D  
STREET ADDRESS 101 E. KENNEDY BLVD. #3300  
CITY-ST-ZIP TAMPA, FL 33602

TITLE V  
NAME WILSON, KIMBERLY L  
STREET ADDRESS 101 E. KENNEDY BLVD. #3300  
CITY-ST-ZIP TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000664935  
03/23/07-80003-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

**SIGNATURE:**

*Doris D. Rainey*  
Doris D. Rainey

1-19-07

Date

813-226-8844

Daytime Phone #