


**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
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3364007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAELS, J. PATRICK JR. 101 E. KENNEDY BLVD. #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GORDON, BRAD A 101 E. KENNEDY BLVD. #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RAINEY, DORIS D 101 E. KENNEDY BLVD. #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, KIMBERLY L 101 E. KENNEDY BLVD. #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/23/07-80003-021 150.00

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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 R. Doris D. Rainey 1-19-07 813-226-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #