

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90107 047 \*\*\*150.00

<b>DOCUMENT # P96000084901</b> 1. Entity Name <b>CYPRESS LAKES DEVELOPMENT, INC.</b>					
Principal Place of Business <b>4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667</b>			Mailing Address <b>4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3408492</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STOKES, E CHESTER JR 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224</b>				7. Name and Address of New Registered Agent Name <b>SLG Management Services, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4315 Pablo Oaks Court</b> City <b>Jacksonville</b> FL Zip Code <b>32224</b>	
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 <i>John P. Moore</i> <b>John P. Moore, V.P.</b> DATE <b>4/21/8</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHMN STOKES, E CHESTER JR 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KUNKEL, JOHN C 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667</b> <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	<b>VP BRAREN, MICHAEL E 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667</b> <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	<b>VT FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667</b> <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	<b>VPSE HOLM, MALLORY G 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667</b> <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	<b>VP MOORE, JOHN P 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667</b> <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 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: <i>Joy LaWarre</i> <b>A.S. Joy L LaWarre</b> 4/14/8 9044821100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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