## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2007 08:00 All Secretary of State DOCWMENT # P97000045069 1. Entity Name BLUE CYPRESS CLUB, INC. Principal Place of Business Mailing Address 800 8TH STREET 21788 73 MANOR VERO BEACH, FL 32961 VERO BEACH, FL 32960 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1036830 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLS, WILLIAM B DO NOT WRITE 800 EIGHTH STREET VERO BEACH, FL 32962 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, 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS. . . 10. TITLE MILLS: WILLIAM B NAME -STREET ADDRESS 21788 73 MANOR CITY-ST-ZIP VERO BEACH, FL 32961 TITLE NAME GOWLAND. JAN STREET ADDRESS 21788 73 MANOR CITY-ST-ZIP VERO BEACH, FL 32961 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 tripstee empowered to execute this report as required by Chapter 507, 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.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 778-562-00

Daylime Phone #

**FILED**