

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000063747			
1. Entity Name CYPRESS RUN FARM, INC.			
Principal Place of Business 334 OLD BETHEL ROAD CRAWFORDVILLE, FL 32327		Mailing Address 334 OLD BETHEL ROAD CRAWFORDVILLE, FL 32327	
DO NOT WRITE IN THIS SPACE			
		04142004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3461740	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UTA PETERS 334 OLD BETHEL ROAD CRAWFORDVILLE, FL 32327		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		U000000126649 04/23/04-80042-012 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PETERS, UTA 334 OLD BETHEL RD CRAWFORDVILLE, FL 32327	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Uta Peters</u>		Uta Peters 4/21/04 (850) 926-4348	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	