

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90064 002 ***150.00

DOCUMENT # P97000063747
1. Entity Name CYPRESS RUN FARM, INC.

DO NOT WRITE IN THIS SPACE

10090649

2. Principal Place of Business Suite, Apt. #, etc. 334 OLD BETHEL ROAD City & State CRAWFORDVILLE FL Zip 32327 Country USA	3. Mailing Address Suite, Apt. #, etc. 334 OLD BETHEL ROAD City & State CRAWFORDVILLE, FL Zip 32327 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3461740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name UTA PETERS	
Street Address (P.O. Box Number is Not Acceptable) 334 OLD BETHEL ROAD	
City CRAWFORDVILLE	FL Zip Code 32327

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** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT PETERS UTA 334 OLD BETHEL ROAD CRAWFORDVILLE, FL 32327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Uta Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (850) 926-4348
Date Daytime Phone #