

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P98000031017**

1. Entity Name  
**CYPRESS TREE HOLDINGS CORPORATION**



Principal Place of Business  
**2525 DRANE FIELD ROAD  
SUITE 7  
LAKELAND, FL 33811**

Mailing Address  
**2525 DRANE FIELD ROAD  
SUITE 7  
LAKELAND, FL 33811**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0826628**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BREED, JOHN N  
6117 SWEET GUM RUN  
BARTOW, FL 33830**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME KALAYCI, TANZER  
STREET ADDRESS 6500 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 333092132

TITLE D  
NAME RAMOS, R A  
STREET ADDRESS 5681 SOUTHWEST 9TH STREET  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE PD  
NAME BREED, JOHN N  
STREET ADDRESS 6117 SWEET GUM RUN  
CITY-ST-ZIP BARTOW, FL 33830

TITLE ST  
NAME MOSHIER, MARK J  
STREET ADDRESS 6500 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FT LAUDERDALE, FL 333092132

TITLE D  
NAME HORNE, GARTH  
STREET ADDRESS 1644 SW SAINT ANDREWS DRIVE  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

100000002780  
01/13/04-80028-001 150.00

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: John N Breed**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/04 (863) 644-4771**

Date

Daytime Phone #