

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 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**



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000388231  
01/19/06-80070-009 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06

863-646-4771

Date

Daytime Phone #