

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 16, 2007 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**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0826628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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, 2007 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**

00000585319  
01/16/07-80032-012 150.00

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

**1-11-07**

Date

**863.646.4771**

Daytime Phone #