


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90434 030 ***150.00


DOCUMENT # P98000057592	
1. Entity Name CYPRESS BAY, INC.	

Principal Place of Business 601 S. PALAFOX STREET PENSACOLA FL 32501	Mailing Address P.O. BOX 12725 PENSACOLA FL 32501
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2. Principal Place of Business 601 South Palafox Street Suite, Apt. #, etc.	3. Mailing Address Post Office Box 12725 Suite, Apt. #, etc.
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City & State Pensacola, FL	City & State Pensacola, FL
Zip 32502	Country USA
Zip 32591	Country USA

34001000



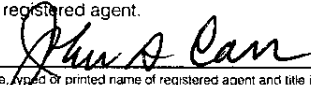
MOORE CR2E034 (11/03)

4. FEI Number 59-3520980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLANTON, MICHAEL A 601 S. PALAFOX STREET PENSACOLA FL 32501	
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7. Name and Address of New Registered Agent Name John S. Carr Street Address (P.O. Box Number is Not Acceptable) 601 South Palafox Street City Pensacola, FL Zip Code 32502	
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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  **John S. Carr** **4/20/04**
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 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	D <input type="checkbox"/> Delete BLANTON, MICHAEL A 601 S. PALAFOX STREET PENSACOLA FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NICKELSEN, ERIC J 601 S. PALAFOX STREET PENSACOLA FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARR, JOHN S 601 S. PALAFOX STREET PENSACOLA FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LOVELACE, WILLIAM Y JR 601 S. PALAFOX STREET PENSACOLA FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael A. Blanton 8900 W. Highway 98 Pensacola, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eric J. Nickelsen 3410 North 18th Avenue Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John S. Carr 601 S. Palafox Street Pensacola, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Y. Lovelace, Jr. 8976 County Road 99 Lillian, AL 36549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 S. Carr** **4/20/04 (850) 434-2244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #