


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90183 032 \*\*\*150.00

<b>DOCUMENT # P98000057592</b> 1. Entity Name CYPRESS BAY, INC.					
Principal Place of Business 601 S. PALAFOX STREET PENSACOLA, FL 32502 US			Mailing Address POST OFFICE BOX 12725 PENSACOLA, FL 32591 US		
2. Principal Place of Business 17 West Cedar Street		3. Mailing Address Suite, Apt. #, etc. Suite 3			
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 59-3520980	
Zip 32502		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CARR, JOHN S 601 S. PALAFOX STREET PENSACOLA, FL 32502			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 17 West Cedar Street Suite 3 City Pensacola FL Zip Code 32502		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLANTON, MICHAEL A 8900 N. HIGHWAY 98 PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NICKELSEN, ERIC J 17 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32502		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARR, JOHN S 601 S. PALAFOX STREET PENSACOLA, FL 32502		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17 West Cedar Street, Suite 3 Pensacola, FL 32502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVELACE, WILLIAM Y 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"/> Delete		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"/> Delete		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 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: <u>John S Carr</u> John S. Carr <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Sec./Tres. <u>4/14/06(850)434-2244</u> <small>Date Daytime Phone #</small>			