

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000057592

1. Entity Name
CYPRESS BAY, INC.



Principal Place of Business
17 WEST CEDAR ST
SUITE 3
PENSACOLA, FL 32502 US

Mailing Address
POST OFFICE BOX 12725
PENSACOLA, FL 32591 US



06112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3520980

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARR, JOHN S
17 WEST CEDAR ST
SUITE 3
PENSACOLA, FL 32502

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BLANTON, MICHAEL A
STREET ADDRESS	8900 N. HIGHWAY 98
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	DVP
NAME	NICKELSEN, ERIC J
STREET ADDRESS	17 WEST CEDAR STREET, SUITE 3
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	DST
NAME	CARR, JOHN S
STREET ADDRESS	17 WEST CEDAR ST SUITE 3
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	LOVELACE, WILLIAM Y JR
STREET ADDRESS	8976 COUNTY ROAD 99
CITY-ST-ZIP	LILLIAN, AL 36549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/13/07-80002-025 150.00

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IN THIS SPACE**

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

VPres

6/11/07 850-434-2244

Date

Daytime Phone #

Eric J. Nickelsen