

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000063924

1. Entity Name

CYPRESS MEADOWS FARM, INC.



Principal Place of Business

3888 DARLENE ROAD
MIDDLEBURG, FL 32068

Mailing Address

3888 DARLENE ROAD
MIDDLEBURG, FL 32068



04162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3533055

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PELFREY, MARLA
3888 DARLENE RD.
MIDDLEBURG, FL 32068

**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

100000521593

05/02/06-80140-023 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PELFREY, MARLA
STREET ADDRESS 3888 DARLENE RD.
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE V
NAME PELFREY, JULIE
STREET ADDRESS 3888 DARLENE ROAD
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ST
NAME PELFREY, KENNETH
STREET ADDRESS 3888 DARLENE RD.
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

MARLA PELFREY

4/15/06

Date

Daytime Phone #

904-505-0461