

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000001121

1. Entity Name
CYPRESS TURN ASSOCIATES, INC.



Principal Place of Business
3010 ALT 19
PALM HARBOR, FL 34683

Mailing Address
3010 ALT 19
PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3563691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORK, JOHN E
2660 POWELL LANE
TARPON SPRINGS, FL 34688

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000090202
03/17/04-80009-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BORK, JOHN
STREET ADDRESS	2712 POWELL LANE
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	DP
NAME	BORK, JOHN
STREET ADDRESS	2660 POWELL LANE
CITY - ST - ZIP	TARPON SPRINGS, FL 34688
TITLE	VPD
NAME	DANIELS, JOHN W
STREET ADDRESS	3010 ALT 19
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	STO
NAME	BORK, JANICE
STREET ADDRESS	2660 POWELL LANE
CITY - ST - ZIP	TARPON SPRINGS, FL 34688
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 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 Bork **JOHN BORK, PRES.**

3-10-03

37-28-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #