2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000012901

1. Entity Name

CYPRESS WALK DEVELOPERS, INC.



Principal Place of Business

2830 SCHERER DRIVE N.

SUITE 310

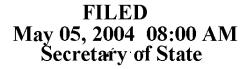
ST. PETERSBURG, FL 33716

Mailing Address

2830 SCHERER DRIVE N.

SUITE 310

ST, PETERSBURG, FL 33716





05032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3557958

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GORDON, STEVEN R 2830 SCHERER DRIVE N. SUITE 310

ST. PETERSBURG, FL 33716

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the tions of registered agent.	purpose of changing its regis	stered office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and titl	e if applicable (NOTE, Regis	stered Agent signatur	s required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, 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 NAME STREET ADDRESS CITY+ST-ZIP	PSDT GORDON, STEVEN R 2830 SCHERER DRIVE N. SUITE 31 ST. PETERSBURG, FL 33716	0			U00000156807 05/05/04-80072-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, ALAN 2830 SCHERER DRIVE ST. PETERSBURG, FL 33716				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 receive mis 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 there like empowered.

SIGNATURE

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR