


FILED  
Jun 01, 2004 8:00 am  
Secretary of State

04-30-2004 90323 045 \*\*\*\*50.00

06-01-2004 90006 035 \*\*\*100.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P99000020091</b>		
1. Entity Name <b>OLDE CYPRESS MARKETING GROUP, INC.</b>		
Principal Place of Business <b>5692 STRAND BLVD. SUITE 1 NAPLES, FL 34110</b>		Mailing Address <b>5692 STRAND COURT SUITE 1 NAPLES, FL 34110</b>
2. Principal Place of Business <b>4501 Tamiami Tr Suite 300 Naples FL 34103</b>		3. Mailing Address <b>4501 Tamiami Tr Suite 300 Naples FL 34103</b>
4. FEI Number <b>59-3628816</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>COLEMAN, KEVIN G ESQ GOODLETTE, COLEMAN &amp; JOHNSON, P.A. 4001 TAMIAAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D STOCK, K C 5692 STRAND BLVD., SUITE 1 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4501 Tamiami Tr. Suite 300 Naples, FL 34103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCK, BRIAN K 5692 STRAND BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4501 Tamiami Tr. Suite 300 Naples, FL 34103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLACK, BRAD 5692 STRAND BLVD STE 1 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4501 Tamiami Tr. Suite 300 Naples, FL 34103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBER, BETH 5692 STRAND BLVD STE 1 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4501 Tamiami Tr. Suite 300 Naples, FL 34103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOULDSWORTH, SANDRA J 5692 STRAND BLVD STE 1 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4501 Tamiami Tr. Suite 300 Naples, FL 34103</b> <input checked="" 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 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: <u>Susan Pankratz</u> Susan Pankratz		Date: <u>4-28-04</u> Daytime Phone: <u>239-592-7344</u>

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04252004 Chg-P CR2EC34 (10/03)



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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 11, 2004

OLDE CYPRESS MARKETING GROUP, INC.  
4501 TAMiami TR.  
SUITE 300  
NAPLES, FL 34103

Subject: **OLDE CYPRESS MARKETING GROUP, INC.**

Reference Number: **P99000020091**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

~~If you have additional questions or need further assistance, please call the~~ Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JG  
ANNUAL REPORTS SECTION