

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90174 009 ***150.00

DOCUMENT # P99000020091 1. Entity Name OLDE CYPRESS MARKETING GROUP, INC.			
Principal Place of Business 4501 TAMiami TRAIL - SUITE 300 NAPLES, FL 34103		Mailing Address 4501 TAMiami TRAIL - SUITE 300 NAPLES, FL 34103	
2. Principal Place of Business <i>4501 Tamiami Trail North</i>		3. Mailing Address <i>4501 Tamiami Trail North</i>	
Suite, Apt. #, etc. <i>Suite 300</i>		Suite, Apt. #, etc. <i>Suite 300</i>	
City & State <i>Naples FL</i>		City & State <i>Naples, FL</i>	
Zip <i>34103</i>		Zip <i>34103</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-3628816		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 COLEMAN, KEVIN G ESQ GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 4501 TAMiami TRAIL - SUITE 300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCK, BRIAN K 4501 TAMiami TRAIL - SUITE 300 NAPLES, FL 34103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLACK, BRAD 4501 TAMiami TRAIL - SUITE 300 NAPLES, FL 34103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBER, BETH 4501 TAMiami TRAIL - SUITE 300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOULDSWORTH, SANDRA J 4501 TAMiami TRAIL - SUITE 300 NAPLES, FL 34103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stock, Brian K 4501 Tamiami Trail North, Suite 300 Naples, FL 34103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Black, Brad 4501 Tamiami Trail North, Suite 300 Naples, FL 34103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Houldsworth, Sandra J 4501 Tamiami Trail North, Suite 300 Naples, FL 34103	<input type="checkbox"/> Delete	<input checked="" 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: <i>Brian Stock</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4-20-05</i> Daytime Phone #: <i>239 592 7344</i>	

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