2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031938

Entity Name: SUNSHINE STATE CYPRESS, INC.

FILED Apr 22, 2004 Secretary of State

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Current Principal Place of Business:			New Princi	New Principal Place of Business:	
SUITE 500	SIDE AVENUE	n lie			
	/ILLE, FL 32202	2 US			
Current Mailing Address: Ne				New Mailing Address:	
SUITE 500,	SIDE AVENUE ATTN: LEGAL /ILLE, FL 32202				
FEI Number:	59-3580051	FEI Number Applied For()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MARX, CHRISTINE M 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32207 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agen	t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () De BELL, WILLIAM C 5300 HAYWOOD I SAINT CLOUD, FL	RUFFIN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVT () De SOLOMON, STEPI 245 RIVERSIDE A JACKSONVILLE, F	HEN W VENUE, SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () De REGAN, MICHAEL 245 RIVERSIDE A JACKSONVILLE, F	. N VENUE, SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () De SMALLWOOD, H. 301 EAST 1ST ST PORT ST. JOE, FL	CLAY REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () De PARKS, SHARON 245 RIVERSIDE A JACKSONVILLE, F	R VENUE, SUITE 500	Title: Name: Address: City-St-Zip:	S (X) Change () Addition MARX, CHRISTINE M 245 RIVERSIDE AVENUE, SUITE 500 JACKSONVILLE, FL 32202 US	
Title: Name: Address: City-St-Zip:	AS () De WHITLATCH, SUS 245 RIVERSIDE A JACKSONVILLE, F	AN G VENUE, SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN G. WHITLATCH AS 04/22/2004

BRYAN W. DUKE 3800 ESPLANADE WAY SUITE 100 TALLAHASSEE, FL 32311

MIRIAM GREENHUT 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202

DAVID F. CHILDERS, III, ASST. TREASURER 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE FL 32202