

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000034387

Entity Name: CYPRESS BANK

FILED
Mar 31, 2004
Secretary of State

Current Principal Place of Business:

21 CYPRESS POINT PARKWAY
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

21 CYPRESS POINT PARKWAY
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-3572957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HURY, THOMAS B
21 CYPRESS POINT PARKWAY
PALM COAST, FL 32164 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: THOMAS HURY

03/31/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAYLOR, ALBERT W
Address: RT #1 BOX 181-A
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: CHIUMENTO, MICHAEL D
Address: 4B OLD KINGS RD N
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: CREWS, C. SCOTT
Address: P.O. BOX 69
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: GIBBS, THOMAS L
Address: P.O. BOX 2030
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: KEYES, GERALD P
Address: 1 FLORIDA PARK DR N STE 107
City-St-Zip: PALM COAST, FL 32137

Title: CEO () Delete
Name: PAGE, BRUCE
Address: 1520 LAMBERT AVE
City-St-Zip: FLAGLER BEACH, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE PAGE

CEO

03/31/2004

Electronic Signature of Signing Officer or Director

Date

JAMES MCNAB
PO BOX 1230
FLAGLER BEACH, FL 32136

MIKE MORELLO
PO BOX 351458
PALM COAST, FL 32135

EDWARD PREVATTE
1660 LAMBERT AVE
FLAGLER BEACH, FL 32136

JAMES WEITE, PRES-DIRECTOR
1 CREEK BEND ROAD
ORMOND BEACH, FL 32714