

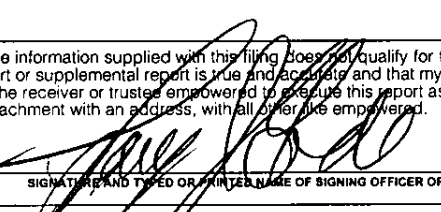


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90183 007 ***150.00

DOCUMENT # P99000073274 1. Entity Name GRAND CYPRESS COMMUNITIES, INC.					
Principal Place of Business 5672 STRAND CT STE 3 NAPLES, FL 34110			Mailing Address 5672 STRAND CT STE 3 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # 3825 BECK BLVD. Suite, Apt. #, etc. #721		3. Mailing Address 3825 BECK BLVD. Suite, Apt. #, etc. #721		<div style="font-size: 2em; font-family: cursive;">40050270</div> 	
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 59-3592245	
Zip 34114		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GODE, LARRY J 5672 STRAND CT. SUITE 3 NAPLES, FL 34110				7. Name and Address of New Registered Agent Name GODE, LARRY J. Street Address (P.O. Box Number is Not Acceptable) 3825 BECK BLVD #721 City NAPLES FL Zip Code 34114	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PDST GODE, LARRY J 5672 STRAND CT. SUITE 3 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST GODE, LARRY J. 3825 BECK BLVD. # 721 NAPLES, FL 34114	
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	
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	
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	
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	
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 exemptions contained in Chapter 119, 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 prepare 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: 			Date 2/20/07 Daytime Phone # _____		