


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # S22349 1. Entity Name CYPRESS TRUCKING, INC.	
----------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 7861 MAINLINE PWY FORT MYERS, FL 33912 US	Mailing Address 7861 MAINLINE PWY FORT MYERS, FL 33912 US
-----------------------------------------------------------------------------	-----------------------------------------------------------------



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0235025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CYNTHIA B. FELLOWS 5605 SW 14 AV CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

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 <i>Cynthia B. Fellows</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	CYNTHIA B. FELLOWS, PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>	1/8/04 <small>DATE</small>

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELLOWS, CYNTHIA B. 5605 SW 14 AV CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FELLOWS, GARY A. 5605 SW 14 AV CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000002425 01/13/04-80014-001 150.00
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
--------------------------------------------------------------------------------------------------------------	------------	-----------------------