2004 FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME

G OFFICER OR DIRECTOR

Mar 15, 2004 8:00 am Secretary of State DOCUMENT # V71942 1. Entity Name 03-15-2004 90064 034 ***150 00 CYPRESS MARINE INC. Principal Place of Business Mailing Address 8078 MATANZAS ROAD FT. MYERS FL 33912 8078 MATANZAS ROAD FT. MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0364223 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CREECH, CLIFTON D. Street Address (P.O. Box Number is Not Acceptable) 8078 MÁTANZAS RD FT MYERS FL 33912 City Zip Code 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 SGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE CREECH, CLIFTON D. NAME MARKE 8078 MATANZAS RD STREET ADDRESS STREET ADDRESS FT MYER\$ FL 33912 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME DE CARLO, GINA NAME STREET ADDRESS 8078 MATANZAS RD STREET ADDRESS ET, MYERS FL 33912. CITY-ST-ZIP CITY-ST-ZIP Detete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME ----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED