


**\*2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 697195 1. Entity Name FLYNN DEVELOPMENT CORPORATION	
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Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2115713	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F.  
516 LAKEVIEW RD  
UNIT 8  
CLEARWATER, FL 33756

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FLYNN, KEVIN T 516 LAKEVIEW RD # 8 CLEARWATER, FL 33756
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U00000041082  
02/09/04-80073-021 158.75

**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: Kevin T. Flynn Kevin T. Flynn, Vice President 1/16/04 727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #