


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 697195
 1. Entity Name
 FLYNN DEVELOPMENT CORPORATION



Principal Place of Business: 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756
 Mailing Address: 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2115713 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FLYNN, THOMAS F.
 516 LAKEVIEW RD
 UNIT 8
 CLEARWATER, FL 33756

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

02/24/05--80033 **3968.75
 100000241298
 02/24/05-80040-001 158.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, Vice-President** **2/16/05 727-449-1182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone