2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 697195

Entity Name

FLYNN DEVELOPMENT CORPORATION



Principal Place of Business

516 LAKEVIEW ROAD

UNIT 8

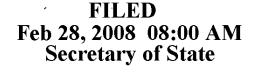
CLEARWATER, FL 33756

Mailing Address

516 LAKEVIEW ROAD

UNIT 8

CLEARWATER, FL. 33756





DO NOT WRITE IN THIS SPACE

01152008

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-2115713

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

	The above named entity submits this statement for the purpose of chang	ing its registered office or registered agent, or both, it	the State of Florida. I am familiar with, and accept	
	the obligations of registered agent	•		
SI	NATURE			
Ψ	Signature, typed or printed name of registered agent and title if applicable.	(NOTE; Registered Agent signature required when reinstating)	DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS DEST TITLE FLYNN, THOMAS F NAME STREET ADDRESS 516 LAKEVIEW ROAD UNIT 8 CITY-ST-ZIP CLEARWATER, FL 33756 VPD TITLE FLYNN, KEVIN T NAME STREET ADDRESS 516 LAKEVIEW RD # 8 CITY-ST-ZIP CLEARWATER, FL 33756 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-7IP

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DO NOT WRITE IN THIS SPACE

12. Thereby 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 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 all other like empowered.

SIGNATURE

\(\sigma\)

TYPED OR RENTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin T. Flynn, Vice President

2/22/08

727-449-1182

D

Daytime Phone #