


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # J04704**  
 1. Entity Name  
**FLYNN ENTERPRISES OF THE PALM BEACHES, INC.**



Principal Place of Business <b>8254 BAMA LANE          STE. 12          WEST PALM BEACH, FL 33411 US</b>	Mailing Address <b>8254 BAMA LANE          STE. 12          WEST PALM BEACH, FL 33411 US</b>
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**DO NOT WRITE IN THIS SPACE**



03102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2687723</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**FLYNN, JOSEPH T.  
 1763 ANNANDALE CIRCLE  
 ROYAL PALM BEACH, FL 33411**

**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: *Joseph T. Flynn* **NO change - same as before** **Joseph T. Flynn** **4-2-07**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<b>FLYNN, JOSEPH T. 1763 ANNADALE CIRCLE ROYAL PALM BEACH, FL 33411</b>
TITLE <b>STD</b>	<b>FLYNN, LORI 1763 ANNENDALE CIRCLE ROYAL PALM BEACH, FL 33411</b>
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	

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 04/11/07-80069-024 150.00

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12. I hereby 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 an address with all other ~~the~~ empowered.

SIGNATURE: *Joseph T. Flynn* **Joseph T. Flynn** **4-2-07** **561-791-2400**

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