

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M42699

Entity Name: FLYNN NOLAN, INC.

FILED  
Feb 03, 2010  
Secretary of State

**Current Principal Place of Business:**

6271 PLYMOUTH LANE  
DAVIE, FL 333312979 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MITCHEL A. SILVER & CO.  
PO BOX 22-3592  
HOLLYWOOD, FL 330223592 US

**New Mailing Address:**

C/O MITCHEL A. SILVER & CO.  
PO BOX 223592  
HOLLYWOOD, FL 330223592 US

FEI Number: 59-2745960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOLAN, THOMAS D  
6271 PLYMOUTH LANE  
DAVIE, FL 333312979 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: NOLAN, THOMAS D  
Address: 6271 PLYMOUTH LANE  
City-St-Zip: DAVIE, FL 333312979

Title: VP  
Name: FLYNN, MICHAEL N  
Address: 6271 PLYMOUTH LANE  
City-St-Zip: DAVIE, FL 3334-979

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS NOLAN,PRES.

P

02/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date