

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003334

FILED
Apr 17, 2012
Secretary of State

Entity Name: LYNN HAVEN MAIN STREET, INC.

Current Principal Place of Business:

825 OHIO AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

825 OHIO AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 45-1845611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ROBERT C ESQ.
825 OHIO AVENUE
LYNN HAVEN, FL 32444 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

OFFICERS AND DIRECTORS:

Title: D
Name: AYCOCK, BILL
Address: 1019 SUNSET LN
City-St-Zip: LYNN HAVEN, FL 32444

Title: D
Name: BYERS, MIKE
Address: 469 WEST 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: V
Name: DAFFIN, BRIAN
Address: 3401 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D
Name: FILIPPI, RICH
Address: 9001 N. HOLLAND RD.
City-St-Zip: SOUTHPORT, FL 32409

Title: D
Name: HALL, JUSTIN
Address: 3517 AZALEA WAY
City-St-Zip: PANAMA CITY, FL 23405

Title: D
Name: LEEBRICK, BRIAN
Address: 512 PICKEREL CT.
City-St-Zip: LYNN HAVEN, FL 32444

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H. SLONINA

C

04/17/2012

Electronic Signature of Signing Officer or Director

_____ Date