


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000018336

1. Entity Name
 DOUGLAS LYNN & ASSOCIATES, INC.



Principal Place of Business
 20420 HIGHLAND LAKES BLVD
 MIAMI, FL 33179

Mailing Address
 20420 HIGHLAND LAKES BLVD
 MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number
 27-0047621

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TEMPKINS, HARRY ESQ
 420 LINCOLN ROAD
 SUITE 244
 MIAMI BEACH, FL 33139

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 _____ 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LYNN, JACK 20420 HIGHLAND LAKES BLVD MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LYNN, BONNIE 24020 HIGHLAND LAKES BLVD MIAMI, FL 33179
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 04/04/05-80014-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: BONNIE S. LYNN, DIRECTOR
Bonnie S. Lynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-2005 (305)935-5225
Date Daytime Phone #