

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000066295 1. Entity Name FLYNN TRANSPORTATION SERVICES, INC.	
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Principal Place of Business 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394-3079	Mailing Address 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394-3079
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0530901	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYLE, CONRAD J 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394-3079

**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.

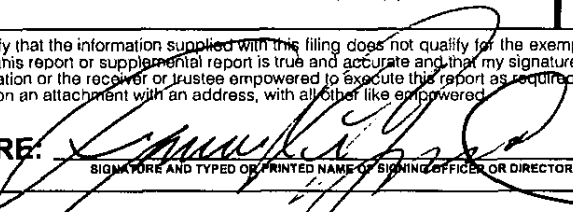
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when terminating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000915566 05/09/08-80021-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, THOMAS V III 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FLYNN, THOMAS V III 500 E. BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 like empowered.

SIGNATURE: 	4/16/08 Date	704-395-5575 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		