


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000035913 1. Entity Name LYNN-TURNER, INC.					
Principal Place of Business 5601 PINNACLE HEIGHTS CIR TAMPA FL 33624 US			Mailing Address 5405 CYPRESS CENTER DR STE 320 TAMPA FL 33609 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-3452124	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLCOMB, VICTOR W 106 S. TAMPANIA AVE SUITE 200 TAMPA FL 33606				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, WILLIAM H			NAME	
STREET ADDRESS	5405 CYPRESS CTR. DR #320			STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609			CITY - ST - ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATH, FREDERICK H			NAME	
STREET ADDRESS	5405 CYPRESS CTR. DR #320			STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609			CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLYNN, TIFFANY			NAME	
STREET ADDRESS	5405 CYPRESS CENTER DR #320			STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609			CITY - ST - ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTLING, ROBERT A			NAME	
STREET ADDRESS	5405 CYPRESS CENTER DR #320			STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Robert A. Martling</i>			Date: <i>2/10/05</i> 813-636-8860		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3452124** Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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TITLE	T	<input type="checkbox"/> Delete
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STREET ADDRESS	5405 CYPRESS CENTER DR #320	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTLING, ROBERT A	
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STREET ADDRESS		
CITY - ST - ZIP		

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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