

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State


01-21-2005 90042 012 ***150.00

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DOCUMENT # P99000075089

1. Entity Name
 LYNTERiors, INC.



Principal Place of Business
 23750 OLD LIGHTHOUSE RD
 BONITA SPRINGS, FL 34135

Mailing Address
 23750 OLD LIGHTHOUSE RD
 BONITA SPRINGS, FL 34135

2. Principal Place of Business
 8001 VIA RAPALLO DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 8001 VIA RAPALLO DRIVE
 Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State
 Estero, FL

City & State
 Estero, FL

Zip
 33928

Country
 USA

Zip
 33928

Country
 USA

4. FEI Number
 65-0946280

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, CHARLES M JR.
 2640 GOLDEN GATE PKWY, STE.315
 NAPLES, FL 34105

7. Name and Address of New Registered Agent

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 _____ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D WALLACE, JAMES P <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	WALLACE, JAMES P	NAME	Wallace, James P.
STREET ADDRESS	23750 OLD LIGHTHOUSE RD	STREET ADDRESS	8001 VIA RAPALLO DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Estero, FL 33928
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	
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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____