


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000083627

1. Entity Name
LYNX PRODUCTS CORP.



Principal Place of Business 4910 14TH ST W 106 BRADENTON, FL 34207	Mailing Address 4910 14TH ST W 106 BRADENTON, FL 34207
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2194583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUOLA, JON JR.
4910 14TH ST. W.
STE 106
BRADENTON, FL 34207

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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, 2004 Fee will be \$550.00

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

100000143752
 04/30/04 00105 001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WINTER, GREGORY 14436 PARALLEL AVE. ALPENA, MI 49707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WINTER, DEBRA 1285 LONG RAPIDS RD. ALPENA, MI 49707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WINTER, DEBRA J 1285 LONG RAPIDS RD. ALPENA, MI 49707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINTER, RONALD W 9655 US 23 S OSSINEKE, MI 49766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **DEBRA J. WINTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SEC. - TREAS**
 Date **4-27-04** Daytime Phone # _____