


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P99000083627 1. Entity Name LYNX PRODUCTS CORP.	
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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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEL Number 52-2194583	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent JUOLA, JON JR. 4910 14TH ST. W. STE 106 BRADENTON FL 34207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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, 2007 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
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10. OFFICERS AND DIRECTORS	
TITLE	P WINTER, GREGORY <input type="checkbox"/> Delete 14436 PARALLEL AVE. ALPENA MI 49707
NAME	S WINTER, DEBRA <input type="checkbox"/> Delete 1285 LONG RAPIDS RD. ALPENA MI 49707
NAME	T WINTER, DEBRA J <input type="checkbox"/> Delete 1285 LONG RAPIDS RD. ALPENA MI 49707
NAME	D WINTER, RONALD W <input type="checkbox"/> Delete 9655 US 23 S OSSINEKE MI 49766
NAME	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000662221 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/21/07-80004-016 150.00
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Debra J Winter 3-9-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #