# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

SIGNATURE: KEVIN FLYNN	AGENT

Electronic Signature of Signing Officer/Director Detail

#### 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 697195**

Entity Name: FLYNN DEVELOPMENT CORPORATION

### **Current Principal Place of Business:**

516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756

#### **Current Mailing Address:**

**516 LAKEVIEW ROAD** UNIT 8 CLEARWATER, FL 33756

#### FEI Number: 59-2115713

#### Name and Address of Current Registered Agent:

FLYNN, THOMAS F. 516 LAKEVIEW RD UNIT 8 CLEARWATER, FL 33756 US

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.

# SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	DPST	Title	VPD
Name	FLYNN, THOMAS F	Name	FLYNN, KEVIN T
Address	516 LAKEVIEW ROAD UNIT 8	Address	516 LAKEVIEW RD # 8
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756

## FILED Jan 21, 2021 Secretary of State 5203689570CC

Date

Date

Certificate of Status Desired: Yes

above, or on an attachment with all other like empowered. 01/21/2021