

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J04704

**Entity Name:** FLYNN ENTERPRISES OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

8254 BAMA LANE  
STE. 12  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

8254 BAMA LANE  
STE. 12  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 59-2687723

**Certificate of Status Desired:** No

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

FLYNN, JOSEPH T  
1763 ANNANDALE CIRCLE  
ROYAL PALM BEACH, FL 33411 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            FLYNN, JOSEPH T  
Address          1763 ANNANDALE CIRCLE  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title            DIRECTOR  
Name            FLYNN, LORI  
Address          1763 ANNANDALE CIRCLE  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title            VP, SECRETARY  
Name            FLYNN, KEVIN J  
Address          3258 MIRABELLA LANE  
City-State-Zip: RIVIERA BEACH FL 33404

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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOSEPH T. FLYNN

**PRESIDENT**

**02/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date