

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 478062 .	
1. Entity Name HARLIE LYNCH CONSTRUCTION CO., INC.	

Principal Place of Business 306 S.W. CR 300 MAYO FL 32066	Mailing Address P.O. BOX 187 MAYO FL 32066 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-1611071		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LYNCH, HARLIE A SR 251 A WEST MAYO FL 32066		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

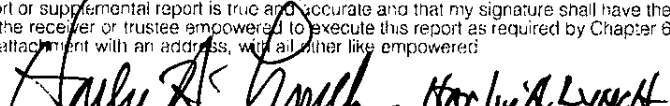
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and filer (applicant). (NOTE: Registered Agent signature required when completing go) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LYNCH, PAMELA D SR 251 A WEST MAYO FL 32066 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000913670 05/14/08-80014-001 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LYNCH, HARLIE A RT 1 6251 A WEST MAYO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  **Harlie A. Lynch** **4-21-08** **358-294-1091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR