## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 690582**

Entity Name: LYNDAN, INC.

FILED Jan 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** LYNDAN INC. 5402 E. HANNA AVENUE TAMPA, FL 336104033 **Current Mailing Address: New Mailing Address:** P.O BOX 82053 TAMPA, FL 336822053 FEI Number: 59-2117785 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUY, DANA L 5402 EAST HANNA AVENUE TAMPA, FL 336104033 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CARLTON, LYNDA G Name: Name: 3417 MCKAY Address: Address: TAMPA, FL 33609 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GUY, DANA L Name: Name: 216 W. MOHAWK AVE. Address: Address: TAMPA, FL 33604 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition THORNBERG, PHYLLIS M Name: Name: 216 W. MOHAWK AVE. Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition JONES, SCOTT D Name: Name: Address: 4327 BALINGTON DRIVE Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GUY, DARREN L Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PHYLLIS M. THORNBERG VP 01/14/2009

7904 N. 14TH STREET

TAMPA, FL 33604

Address: City-St-Zip: