


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90223 014 ***150.00

DOCUMENT # 696153	
1. Entity Name LYNN GREEN, INC.	

Principal Place of Business 111 BRIDGERS AVENUE C/O RANDY F. GREEN AUBURNDALE, FL 33823-3501	Mailing Address 111 BRIDGERS AVENUE C/O RANDY F. GREEN AUBURNDALE, FL 33823-3501
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2. Principal Place of Business 111 BRIDGERS AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State AUBURNDALE, FL 33823	City & State
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4. FEI Number 59-2107724	Applied For <input type="checkbox"/> Not Applicable
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Zip 33823	Country Polk	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, LYNN C 111 BRIDGERS AVENUE AUBURNDALE, FL	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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: <i>Lynn C. Green</i>	DATE: 4/27/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, LYNN 1500 ARIANA BLVD AUBURNDALE, FL 33823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN, JUANITA 1500 ARIANA BLVD AUBURNDALE, FL 33823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, RANDALL E 101 POLK CITY RD AUBURNDALE, FL 33823 <input type="checkbox"/> Delete <i>deceased</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ROBERT R 124 MCNICHALS AVE AUBURNDALE, FL 33823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, THOMAS L 111 BRIDGERS AVE AUBURNDALE, FL 33823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JAMES R 1500 ARIANA BLVD AUBURNDALE, FL 33823 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Lynn C. Green</i>	DATE: 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #