

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 696153

1. Entity Name
LYNN GREEN, INC.



Principal Place of Business
**111 WBRIDGERS AVENUE
C/O RANDY F. GREEN
AUBURDALE, FL 33823-3501**

Mailing Address
**111 BRIDGERS AVENUE
C/O RANDY F. GREEN
AUBURDALE, FL 33823-3501**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2107724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**GREEN, LYNN C
111 W BRIDGERS AVENUE
AUBURDALE, FL**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREEN, LYNN
STREET ADDRESS	1500 ARIANA BLVD
CITY-ST-ZIP	AUBURDALE, FL 33823
TITLE	STD
NAME	GREEN, JUANITA
STREET ADDRESS	1500 ARIANA BLVD
CITY-ST-ZIP	AUBURDALE, FL 33823
TITLE	D
NAME	GREEN, ROBERT R
STREET ADDRESS	124 MCNICHALS AVE
CITY-ST-ZIP	AUBURDALE, FL 33823
TITLE	D
NAME	GREEN, THOMAS L
STREET ADDRESS	111 BRIDGERS AVE
CITY-ST-ZIP	AUBURDALE, FL 33823
TITLE	D
NAME	GREEN, JAMES R
STREET ADDRESS	1500 ARIANA BLVD
CITY-ST-ZIP	AUBURDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000340716
04/28/05-80128-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *X*

Thomas Lynn Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 *863 967 5389*
Date Daytime Phone #