

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003968

1. Entity Name
LYNNHAVEN INN, INC.



Principal Place of Business
906 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

Mailing Address
906 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0965451

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAMBOUROPOULOS, COSTAS
3851 NE 27TH AVE
LIGHTHOUSE POINT, FL 33064

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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

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

(NOTE: Registered Agent signature required when reinstating)

2/15/05
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 | KAMBOUROPOULOS, COSTAS |
| STREET ADDRESS | 3851 NE 27TH AVE |
| CITY-ST-ZIP | LIGHTHOUSE POINT, FL 33064 |
| TITLE | PVD |
| NAME | KAMBOUROPOULOS, FELIX |
| STREET ADDRESS | 3851 NE 27TH AVE |
| CITY-ST-ZIP | LIGHTHOUSE POINT, FL 33064 |
| TITLE | STD |
| NAME | KAMBOUROPOULOS, ANGELIQUE |
| STREET ADDRESS | 3851 NE 27TH AVE |
| CITY-ST-ZIP | LIGHTHOUSE POINT, FL 33064 |
| TITLE | PDV |
| NAME | KAMBOUROPOULOS, HARRIS |
| STREET ADDRESS | 3851 NE 27TH AVE |
| CITY-ST-ZIP | LIGHTHOUSE POINT, FL 33064 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/22/05-80050-019 150.00

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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:

COSTAS KAMBOUROPOULOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05 954 454 8878
Date Daytime Phone #