


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005630	
1. Entity Name LYNNDALE INC.	

Principal Place of Business 225 PEEDIN ROAD SMITHFIELD, NC 27577	Mailing Address P.O. BOX 608 SMITHFIELD, NC 27577
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DO NOT WRITE IN THIS SPACE



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1242516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-listing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LAMPE, ROSS W 711 CRESCENT DRIVE SMITHFIELD, NC 27577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMPE, FAYE LEE 711 CRESCENT DRIVE SMITHFIELD, NC 27577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, ROBERT E 209 W. BLANCHE STREET PINE LEVEL, NC 27568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMPE, GUY LEE P.O. BOX 608 SMITHFIELD, NC 27577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, BRADLEY 3153 HWY 70E BUS. SMITHFIELD, NC 27577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, THOMAS A P.O. BOX 1457 SMITHFIELD, NC 27577

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05/09/05-80012-007 150.00

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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)(f), 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:  	5-1-05	919-934-3041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Day/Time Phone #