


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005630</b> 1. Entity Name <b>LYNNDAL INC.</b>	
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Principal Place of Business <b>225 PEEDIN ROAD SMITHFIELD, NC 27577</b>	Mailing Address <b>P.O. BOX 608 SMITHFIELD, NC 27577</b>
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04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-1242516</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	LAMPE, ROSS W
STREET ADDRESS	711 CRESCENT DRIVE
CITY-ST-ZIP	SMITHFIELD, NC 27577
TITLE	V
NAME	LAMPE, FAYE LEE
STREET ADDRESS	711 CRESCENT DRIVE
CITY-ST-ZIP	SMITHFIELD, NC 27577
TITLE	D
NAME	WATSON, ROBERT E
STREET ADDRESS	209 W. BLANCHE STREET
CITY-ST-ZIP	PINE LEVEL, NC 27568
TITLE	V
NAME	LAMPE, GUY LEE
STREET ADDRESS	P.O. BOX 608
CITY-ST-ZIP	SMITHFIELD, NC 27577
TITLE	V
NAME	GARDNER, BRADLEY
STREET ADDRESS	3153 HWY 70E BUS.
CITY-ST-ZIP	SMITHFIELD, NC 27577
TITLE	T
NAME	STEPHENSON, THOMAS A
STREET ADDRESS	P.O. BOX 1457
CITY-ST-ZIP	SMITHFIELD, NC 27577

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05/17/06-80027-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Guy Lampe** 4-26-06 919-934-304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #