

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 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**



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-1242516**

Applied For  
Not Applicable

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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000888027  
04/21/08-80043-024 150.00**

**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

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #