

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005630

Entity Name: LYNNDALE INC.

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

225 PEEDIN ROAD
SMITHFIELD, NC 27577

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 608
SMITHFIELD, NC 27577

New Mailing Address:

FEI Number: 56-1242516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: LAMPE, ROSS W
Address: 711 CRESCENT DRIVE
City-St-Zip: SMITHFIELD, NC 27577

Title: V () Delete
Name: LAMPE, FAYE LEE
Address: 711 CRESCENT DRIVE
City-St-Zip: SMITHFIELD, NC 27577

Title: D () Delete
Name: WATSON, ROBERT E
Address: 209 W. BLANCHE STREET
City-St-Zip: PINE LEVEL, NC 27568

Title: V () Delete
Name: LAMPE, GUY LEE
Address: P.O. BOX 608
City-St-Zip: SMITHFIELD, NC 27577

Title: V () Delete
Name: GARDNER, BRADLEY
Address: 3153 HWY 70E BUS.
City-St-Zip: SMITHFIELD, NC 27577

Title: T () Delete
Name: STEPHENSON, THOMAS A
Address: P.O. BOX 1457
City-St-Zip: SMITHFIELD, NC 27577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY L. LAMPE

V

03/13/2009

Electronic Signature of Signing Officer or Director

Date