

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F83682**

1. Entity Name  
BRIAN LYNN, C.P.A., P.A.



Principal Place of Business  
2 SOUTH UNIVERSITY DR.  
SUITE 215  
PLANTATION, FL 33324

Mailing Address  
2 SOUTH UNIVERSITY DR.  
SUITE 215  
PLANTATION, FL 33324



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-2188643                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

LYNN, BRIAN  
2 SO UNIVERSITY DR #215  
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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

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

U00000587351

01/17/07-80053-011-150.00

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LYNN, BRIAN C.<br>2 SO UNIVERSITY DR #215<br>PLANTATION, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**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 #