

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004745

Entity Name: C.C. LYNCH & ASSOC. INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

300 DAVIS AVENUE
PASS CHRISTIAN, MS 39571

New Principal Place of Business:

Current Mailing Address:

PO BOX 836
PASS CHRISTIAN, MS 39571

New Mailing Address:

FEI Number: 64-0590404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHREYS, RICHARD
11620 NW 16TH PLACE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

JERNIGAN, SCOTT J
6791 CABELLO DRIVE
JACKSONVILLE, FL 32226 US

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: SCOTT J. JERNIGAN

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, JOHN W III
Address: 23160 FREDDIE FRANK ROAD
City-St-Zip: PASS CHRISTIAN, MS 39571

Title: V () Delete
Name: LYNCH, MALCOLM
Address: 20016 MERINDA LANE
City-St-Zip: LONG BEACH, MS 39560

Title: ST () Delete
Name: LYNCH, BARBARA A
Address: P O BOX 456
City-St-Zip: PASS CHRISTIAN, MS 39571

Title: VP () Delete
Name: PARK, CLIFFORD R
Address: 9322 LIGHTWOOD LOOP
City-St-Zip: AUSTIN, TX 78748

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
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: JOHN W CAMPBELL III

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date