

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G33703

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: THE AMANDA LYNN CORPORATION

## Current Principal Place of Business:

170 MARS LANE  
P.O. BOX 795  
KEY WEST, FL 330417795

## New Principal Place of Business:

170 MARS LANE  
KEY WEST, FL 330410795

## Current Mailing Address:

170 MARS LANE  
P.O. BOX 795  
KEY WEST, FL 330410795 US

## New Mailing Address:

170 MARS LANE  
P.O. BOX 795  
KEY WEST, FL 330410795

FEI Number: 59-2294026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORNESS, WILLIAM R.  
170 MARS LANE  
PO BOX 795  
KEY WEST, FL 33041 US

## Name and Address of New Registered Agent:

FORNESS, WILLIAM R.  
170 MARS LANE  
KEY WEST, FL 33041 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:

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FORNESS, WILLIAM R.,  
Address: 170 MARS LANE POB 795  
City-St-Zip: KEY WEST, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM R. FORNESS

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date