


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # G56640		
1. Entity Name CYNTHIA LYNSKEY, INC.		
Principal Place of Business 3610 BLANDING BLVD. JACKSONVILLE, FL 32210 US	Mailing Address 3610 BLANDING BLVD. JACKSONVILLE, FL 32210 US	
DO NOT WRITE IN THIS SPACE		



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2313956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LYNSKEY, ELIZABETH 310 MARSH PT. CIR. ST. AUGUSTINE, FL 32084
--

**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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST LYNSKEY, ELIZABETH 310 MARSH PT. CIRCLE ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04/08/05-80051-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elizabeth Lynskey Elizabeth Lynskey 2-16-05 904-741-7444