


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

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



01262006 No Chg-P CR2ED34 (11/05)

4. FEI Number  
**59-2313956**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000470479 03/28/06-80015-010 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST LYNSKEY, ELIZABETH 310 MARSH PT. CIRCLE ST. AUGUSTINE, FL 32084</b>
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Lynskey

3-13-06 Date: