


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # G78940 1. Entity Name FLYNN MANAGEMENT CORPORATION	
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Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756 US	Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756 US
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01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2366976	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F.
516 LAKEVIEW ROAD
UNIT 8
CLEARWATER, FL 33756

**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 title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	VPDS FLYNN, THOMAS F. 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, KEVIN T 516 LAKEVIEW ROAD CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLYNN, THOMAS F 516 LAKEVIEW ROAD, UNIT B CLEARWATER, FL 33756
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**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:  **Kevin T Flynn, President** **2/15/08** **727-449-1182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #