



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H40279</b> 1. Entity Name <b>LOFLYN, INC.</b>			
Principal Place of Business <b>C/O STEVEN D. LYNCH 580 CARLISLE AVE ALTAMONTE SPRINGS, FL 32714</b>		Mailing Address <b>C/O STEVEN D. LYNCH 580 CARLISLE AVE ALTAMONTE SPRINGS, FL 32714</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-2489676</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LYNCH, STEVEN D. 580 CARLISLE AVE ALTAMONTE SPRINGS, FL 32714</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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, 2004 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>	
10. OFFICERS AND DIRECTORS		000000146954 05/03/04-80087-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, STEVEN D. 580 CARLISLE AVE ALTAMONTE SPGS, FL	<b>DO NOT WRITE IN THIS SPACE</b>	
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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: <i>Sally Jo Lynch Director</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-29-04 407-869-7294 Date Daytime Phone #	