

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # J04704

1. Entity Name
FLYNN ENTERPRISES OF THE PALM BEACHES, INC.



Principal Place of Business

**8254 BAMA LANE
STE. 12
WEST PALM BEACH, FL 33411 US**

Mailing Address

**8254 BAMA LANE
STE. 12
WEST PALM BEACH, FL 33411 US**



03102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2687723

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLYNN, JOSEPH T.
1763 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411**

**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

Joseph T. Flynn
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4-2-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLYNN, JOSEPH T.
STREET ADDRESS 1763 ANNADALE CIRCLE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE STD
NAME FLYNN, LORI
STREET ADDRESS 1763 ANNENDALE CIRCLE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000690318
04/11/07-80069-024 150.00

**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 ~~was~~ empowered.

SIGNATURE:

Joseph T. Flynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-2-07

Daytime Phone #

561-791-2400