

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13331

Entity Name: LYNN RESORTS, INC.

FILED  
Mar 27, 2012  
Secretary of State

**Current Principal Place of Business:**

1513 ST RD 559  
POLK CITY, FL 33868

**New Principal Place of Business:**

**Current Mailing Address:**

1513 ST RD 559  
POLK CITY, FL 33868

**New Mailing Address:**

FEI Number: 59-2685038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNN, DAVID L  
1513 ST RD 559  
POLK CITY, FL 33868 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LYNN, DAVID L  
Address: 1513 ST. RD. 559  
City-St-Zip: POLK CITY, FL 33868 US

Title: SD  
Name: LYNN, JEFFREY  
Address: 1513 ST. RD. 559  
City-St-Zip: POLK CITY, FL 33868 US

Title: TD  
Name: LYNN, ROGER  
Address: 1513 ST. RD. 559  
City-St-Zip: POLK CITY, FL 33838 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID LYNN

PD

03/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date