## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## DOCUMENT # J31338

% MICHAEL P. FLYNN 1701 THIRD AVENUE NORTH JACKSONVILLE BEACH FL 32250



**FILED** Feb 07, 2008 08:00 AN Secretary of State

Entity Name		
LYNN PAINT CONTRACTING, INC	C.	
incural Place of Business	Mailino Address	

% MICHAEL P. FLYNN 1701 THIRD AVENUE NORTH JACKSONVILLE BEACH FL 32250

					ì I <b>I</b>					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.		,	15	st MOORE	CR2E034	(10/07)			
City & State City & State			4		<sup>per</sup> 59-27293	<del></del> 29		Applied For Not Applicable		
Zıp	Country	Zip	Country		5. Certificate	e of Status Desired		<b>\$8.75</b> A Fee Requi		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent					
FLYNN, MICHAEL P. 1701 THIRD AVENUE NORTH JACKSONVILLE BEACH FL 32250		Nan	Name							
		Stre	Street Address (P.O. Box Number is Not Acceptable)							
			City	City FL Zip Code						
8 The above	named entity submits this statement fo	or the number of changing its	registered offic	e or requetar	ad agent or no	otr. in the State of		amiliar wit	h and accent	
	ions of registered agent.	ine purpose or origing its	registared out	e cir register	ed agent, or o	Just, in the State Ca	riolda. Fami	COLUMNIA ANTO	n, and accept	
SIGNATURE .	Signature, typed or printed name at registered abent	and the formings of the	E. Registried Agartic	ment ve Gammad	Labora Consideration		DATE		<del></del>	
9 4 <del> </del>			E registries Agains	ça: «Die Tequied	i when reli cator go	1		<del></del>		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department o					9. Election Can Trust Fund C	.,	ng <b>\$5</b> □ Ad	5.00 May Be	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/ CHANGES TO O	FFICERS AND	DIRECTO	RS IN 11	
TITLE	DP	☐ Derete	TITLE				7-102/10/11/12	☐ Change		
NAME	FLYNN, MICHAEL P.		NAME						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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STREET ADDRESS			STREET ADDRE	SS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP