2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 06, 2005 08:00 AN Secretary of State **DOCUMENT # J66630** 1. Entity Name FLYNNCO, INC. Principal Place of Business Mailing Address % JOHN R. TATUM % JOHN R. TATUM 4009 S.W. 7TH STREET 4009 S.W. 7TH STREET PLANTATION, FL 33317 PLANTATION, FL 33317 04082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2817883 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LAVRAR, SUSAN B DO NOT WRITE 6901 NW 6 STREET PLANTATION, FL 33317 IN THIS SPACE 3. 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, typed or printed name of registered agent and titls if applicable (NOTE: Registered Agent signature required when refreshing) 9. Election Campaign Financing \$5.00 May Be file now!!! Fee 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ΡD TITLE LAVRAR, FRANK NAME STREET ADDRESS 4009 S.W. 7TH STREET PLANTATION, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALIF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP mile NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 otiled like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OF DIRECTOR

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Daytime Phone #

FILED