

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08583

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: LYNCH SERVICES INCORPORATED

**Current Principal Place of Business:**

7 PLEASANTWOOD WAY  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

7 PLEASANTWOOD WAY  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 65-0137479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYNCH, VIRGIL E  
1624 AVIATION CENTER PKWY  
DAYTONA BEACH, FL 32114 US

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

LYNCH, VIRGIL E  
17 PLEASANTWOOD WAY  
ORMOND BEACH, FL 32174 US

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: VIRGIL E.LYNCH

04/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LYNCH, VIRGIL E  
Address: 1624 AVIATION CENTER PKWY.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: ST ( ) Delete  
Name: LYNCH, DORIS A  
Address: 1624 AVIATION CENTER PKWY.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LYNCH, VIRGIL E  
Address: 7 PLEASANTWOOD WAY.  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: ST (X) Change ( ) Addition  
Name: LYNCH, DORIS A  
Address: 7 PLEASANTWOOD WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DORIS A. LYNCH

ST

04/05/2004

Electronic Signature of Signing Officer or Director

Date