


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90048 033 ***150.00

DOCUMENT # M69096	
1. Entity Name LYNN'S INTERIORS, INC.	

Principal Place of Business 7660 W. GULF TO LAKE HWY CRYSTAL RIVER, FL 34429 US	Mailing Address P. O. BOX 2306 CRYSTAL RIVER, FL 34429
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64017410

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2306 Suite, Apt. #, etc.	
City & State		City & State Crystal River, FL	
Zip	Country	Zip 34423	Country USA

01052004 Chg-P CR2E034 (10/03)	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEATTY, JUDITH LYNN 7660 W GULF TO LAKE HIGHWAY CRYSTAL RIVER, FL 34429	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, JUDITH LYNN	NAME	
STREET ADDRESS	7660 W GULF TO LAKE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, JUDITH LYNN	NAME	
STREET ADDRESS	7660 W GULF TO LAKE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 other like empowered.	
SIGNATURE: <i>Judith Lynn Beatty</i>	Date: 3-05-04 Daytime Phone #: 352-795-6680

Judith Lynn Beatty