2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-08-2004 90048 033 ***150.00

DOCUMEN I # M69096 1. Entity Name LYNN'S INTERIORS, INC.					03-08-2004 90048 033 *** 130.00				
Principal Place 7660 W. GUL CRYSTAL RIVI	e of Business F TO LAKE HWY ER, FL 34429 US	Mailing Address P. O. BOX 2306 CRYSTAL RIVER, FL. 34	M23			44U17		IT E IS BINII GI WII	831 /1 (PB)
2. Principal Place of Business		3. Mailing Address P.O. Box 2306							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004	Chg-P	CR2E034	(10/03)		
City & State		Crystal River, FL		4. FEI Numbe NOT AP	r PLICABLE		<u> </u>	plied For Applicable	
Zip	Country	34423	Count	SA	5. Certificate	of Status Desired		8.75 Addi	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	ent -	
BEATTY, JUDITH LYNN				Name Street Address (P.O. Box Number is Not Acceptable)					
7660 W GULF TO LAKE HIGHWAY CRYSTAL RIVER, FL 34429				officer Address (1.0. Box Admission to Not Address)					
				City			FL	Zip Code)
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	d office or register	red agent, or bot	h, in the State of Flo	rida. I am far	niliar with,	and accept
SIGNATURE_		0.075					DATE	<u></u>	
	Signature, typed or printed name of registered agent	and the irapplicable. (NOTE	:: Hegistered	Agent signature required	1 Mires Laguez (Struck)		DATE		
FILI After Ma ≟⊷	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Contr			.00 May Be led to Fees				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

Walth Typen Dualty
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TUDITH Lynn Beatly

3-05-04

352-795-668

Daytime Phone