

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000027985

Entity Name: TURNER AND LYNN, P.A.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

830 N. KROME AVENUE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

830 N. KROME AVENUE  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 65-0998170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYNN, JOHN M  
830 N. KROME AVENUE  
HOMESTEAD, FL 33030 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: LYNN, SANDRA T  
Address: 830 N. KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D/P  
Name: LYNN, JOHN M  
Address: 830 N. KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN M. LYNN

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date