

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074548

Entity Name: LYNCHARD LAW FIRM, P.A.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

8285 NAVARRE PARKWAY
NAVARRE, FL 32566

New Principal Place of Business:

7552 NAVARRE PARKWAY
SUITE 9
NAVARRE, FL 32566

Current Mailing Address:

8285 NAVARRE PARKWAY
NAVARRE, FL 32566

New Mailing Address:

7552 NAVARRE PARKWAY
SUITE 9
NAVARRE, FL 32566

FEI Number: 59-3661264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCHARD, R. LANE
8285 NAVARRE PARKWAY
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

LYNCHARD, R. LANE
7552 NAVARRE PARKWAY
SUITE 9
NAVARRE, FL 32566 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: R. LANE LYNCHARD

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYNCHARD, R. LANE
Address: 1255 TALL PINE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LYNCHARD, R. LANE
Address: 7552 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566

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: R. LANE LYNCHARD

D

01/07/2005

Electronic Signature of Signing Officer or Director

Date