

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000020291

1. Entity Name
DENISE A. LYN, P.A.



FILED

Jan 11, 2008 08:00 AM
Secretary of State

Principal Place of Business

307 N APOPKA AVE
INVERNESS, FL 34450

Mailing Address

307 N APOPKA AVE
INVERNESS, FL 34450



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3698933	<input type="checkbox"/> 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

LYN, DENISE A
307 N APOPKA AVE
INVERNESS, FL 34450

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVTS
NAME LYN, DENISE A
STREET ADDRESS 307 N APOPKA AVE
CITY-ST-ZIP INVERNESS, FL 33450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000779847
01/11/08-80053-017-150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08

352-726-9400

Date

Daytime Phone #