


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000036956
1. Entity Name
MIKE LYNN & ASSOCIATES, INC.



Principal Place of Business 4628 FREEMONT TERRACE ST PETERSBURG, FL 33711	Mailing Address 4628 FREEMONT TERRACE ST PETERSBURG, FL 33711
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3730116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNN, MIKE
4628 FREEMONT TERRACE
ST PETERSBURG, FL 33711

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000073032
03/02/04-80018-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN, MIKE 7907 ISTAVES SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAIL, LYNN 7501 1ST AVE S SAINT PETERSBURG, FL 33707
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: Michael W Lynn MICHAEL W LYNN 24 FEB 04 727 3220573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRE.