

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000118366

Entity Name: B. LYNCH & ASSOCIATES, INC.

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13266 BYRD DR STE 500  
ODESSA, FL 33556

**New Principal Place of Business:**

18939 ST. LAURENT DR.  
LUTZ, FL 33558

**Current Mailing Address:**

13266 BYRD DR STE 500  
ODESSA, FL 33556

**New Mailing Address:**

17633 GUNN HIGHWAY  
UNIT 130  
ODESSA, FL 33556

FEI Number: 59-3761403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLEN, GOLDBERG  
133 FIRST STREET N.E.  
2  
ST. PETERSBURG, FL 33701 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: P,S  
Name: LYNCH, WILLIAM F  
Address: 18939 ST. LAURENT DR.  
City-St-Zip: LUTZ, FL 33558

Title: VP,T  
Name: LYNCH, GERI B  
Address: 18939 ST. LAURENT DR.  
City-St-Zip: LUTZ, FL 33558

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: GERI LYNCH

VP,T

03/14/2011

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

\_\_\_\_\_  
Date