

2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-26-2007 90055 038 ***150.00

P01000120870

FILED

07 APR -4 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120870	
1. Entity Name LYNBROOK FARMS, INC.	



Principal Place of Business 4622 CALL BLVD. (33541) PO BOX 9005 ZEPHYRHILLS, FL 33539-0005	Mailing Address 4622 CALL BLVD. (33541) PO BOX 9005 ZEPHYRHILLS, FL 33539-9005
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03092007 Chg-P CR2E034 (12/06)

City & State Zephyrhills	City & State Zephyrhills
Zip	Country

4. FEI Number 80-0003400	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LINVILLE, TERRY 4622 GALL BLVD. ZEPHYRHILLS, FL 33542		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LINVILLE, LOIS R 4622 GALL BLVD ZEPHYRHILLS, FL 335416237 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TONY LINVILLE 18415 TIMBERLAN DRIVE LUTZ, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIMOTHY LINVILLE 37136 LEMON DRIVE ZEPHYRHILLS, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T S JAY LINVILLE 4622 GALL BLVD. ZEPHYRHILLS, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowerment.

SIGNATURE: Terry Linville 3/22/07 (813) 782-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/4/07