

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005182

Entity Name: JOHN M. LYNN, P.A.

FILED  
Feb 06, 2009  
Secretary of State

## Current Principal Place of Business:

48 N.E. 15TH STREET  
SECOND FLOOR  
HOMESTEAD, FL 33030

## New Principal Place of Business:

1850 OLD DIXIE HIGHWAY  
HOMESTEAD, FL 33033

## Current Mailing Address:

48 N.E. 15TH STREET  
SECOND FLOOR  
HOMESTEAD, FL 33030

## New Mailing Address:

1850 OLD DIXIE HIGHWAY  
HOMESTEAD, FL 33033

FEI Number: 01-0582930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNN, JOHN M  
48 N.E. 15TH STREET  
SECOND FLOOR  
HOMESTEAD, FL 33030 US

## Name and Address of New Registered Agent:

LYNN, JOHN M  
1850 OLD DIXIE HIGHWAY  
HOMESTEAD, FL 33033 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:

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: LYNN, JOHN M  
Address: 48 N.E. 15TH STREET, SECOND FLOOR  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: LYNN, JOHN M  
Address: 48 N.E. 15TH STREET, SECOND FLOOR  
City-St-Zip: HOMESTEAD, FL 33030

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: LYNN, JOHN M  
Address: 1850 OLD DIXIE HIGHWAY  
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Change ( ) Addition  
Name: LYNN, JOHN M  
Address: 1850 OLD DIXIE HIGHWAY  
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN M. LYNN

P/D

02/06/2009

Electronic Signature of Signing Officer or Director

Date