


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000006751</b>					
1. Entity Name <b>LYNN'S CONSTRUCTION, INC.</b>					
Principal Place of Business <b>9702 NW 214 ST LAKE BUTLER FL 32054</b>			Mailing Address <b>9702 NW 214 ST LAKE BUTLER FL 32054</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3264297</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LUTHER, HARLEN L</b> <b>9702 NW 214 ST</b> <b>LAKE BUTLER FL 32054</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<div style="display: flex; justify-content: space-between;"> <div>Signature, typed or printed name of registered agent and title if applicable</div> <div>(NOTE: Registered Agent signature required when reinstating)</div> <div>DATE</div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTHER, HARLEN L		NAME	<div style="border: 1px solid black; padding: 2px;">             04/19/05-80005-016 150.00           </div>	
STREET ADDRESS	9702 NW 214TH ST		STREET ADDRESS		
CITY - ST - ZIP	LAKE BUTLER FL 32054		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTHER, BRANDON C		NAME		
STREET ADDRESS	9702 NW 214TH ST		STREET ADDRESS		
CITY - ST - ZIP	LAKE BUTLER FL 32054		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTHER, ALICIA L		NAME		
STREET ADDRESS	9702 NW 214TH ST		STREET ADDRESS		
CITY - ST - ZIP	LAKE BUTLER FL 32054		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTHER, LINDA A		NAME		
STREET ADDRESS	9702 NW 214TH ST		STREET ADDRESS		
CITY - ST - ZIP	LAKE BUTLER FL 32054		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 information empowered.					
SIGNATURE: <i>Harlen Lynn Luther</i>			<div style="display: flex; justify-content: space-between;"> <div>4/11/05</div> <div>904-964-5517</div> </div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<div style="display: flex; justify-content: space-between;"> <div>Date</div> <div>Daytime Phone #</div> </div>		



1st MOORE CR2E034 (10/04)