2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P02000006751 1. Entity Name 04-18-2006 90090 038 ***158.75 LYNN'S CONSTRUCTION, INC. Principal Place of Business Mailing Address 9702 NW 214 ST 9702 NW 214 ST LAKE BUTLER FL 32054 LAKE BUTLER FL 32054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3264297 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUTHER, HARLEN L Street Address (P.O. Box Number is Not Acceptable) 9702 NW 214 ST LAKE BUTLER FL 32054 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 Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME LUTHER HARLEN L STREET ADDRESS 9702 NW 214TH ST STREET ADDRESS CITY-ST-ZIP LAKE BUTLER FL 32054 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LUTHER, BRANDON C NAME STREET ADDRESS 9702 NW 214TH ST STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP LAKE BUTLER FL 32054 - - Delete--THEF JIME ☐ Addition Alicia L. NAME NAME LUTHER, ALICIA L STREET ADDRESS STREET ADDRESS 9702 NW 214TH ST CITY-ST-ZIP CITY-ST-ZIP LAKE BUTLER FL 32054 ☐ Change ☐ Addition Delete LUTHER, LINDA A NAME 9702 NW.214TH.ST_ STREET ADDRESS STREET ADURESS LAKE BUTLER FL 32054 CITY-ST-7IP CITY-S1-7IP Delete Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition NAME NAME STREET ADORESS STREET ADDRESS CI1Y-S1-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage 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 impowered to expect 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 accuracy, with all other properties.

FILED