



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000116403 1. Entity Name LYNN'S CATERING OF TAMPA, INC.	
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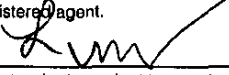
Principal Place of Business 4203 NORTHWIND LN TAMPA, FL 33624	Mailing Address 4203 NORTHWIND LN TAMPA, FL 33624
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DO NOT WRITE IN THIS SPACE

	
01152007 No Chg-P	CR2E034 (11/05)
4. FEI Number 56-2306360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOLLETT, LYNN 4203 NORTHWIND LN TAMPA, FL 33624
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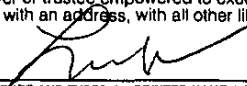
DO NOT WRITE IN THIS SPACE

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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>Jan 15 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000532626 01/19/07-80070-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLLETT, LYNN 4203 NORTHWIND LN TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOLLETT, RICHARD A 4203 NORTHWIND LN TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLLETT, SCOTT A 4203 NORTHWIND LN TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowered.	
SIGNATURE:  <u>Lynn Mollett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>Jan 15 2007</u> <small>Date Daytime Phone #</small>