


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90037 023 \*\*\*150.00

**DOCUMENT # P03000002867**

1. Entity Name  
**L.J. LYNCH CONSTRUCTION, INC.**



Principal Place of Business  
**335 SUNSET DRIVE  
 ST. AUGUSTINE, FL 32080**

Mailing Address  
**335 SUNSET DRIVE  
 ST. AUGUSTINE, FL 32080**

**24018378**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02232004 Chg-P CR2E034 (10/03)

4. FEI Number  
**47-0904270**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HALL, CHARLES E  
 77 ALMERIA STREET  
 ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS LYNCH, LAWRENCE J T 335 SUNSET DRIVE ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lawrence J Lynch* **Lawrence J Lynch** 3/1/04 904-471 0336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*Attachment*  
*24018376*

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 24, 2004

L.J. LYNCH CONSTRUCTION, INC.  
335 SUNSET DRIVE  
ST. AUGUSTINE, FL 32080

SUBJECT: ~~L.J. LYNCH CONSTRUCTION, INC.~~  
Ref. Number: P03000002867

We have received your document for L.J. LYNCH CONSTRUCTION, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 504A00012085