

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000011950

**Entity Name:** LYNN & ASSOCIATES, P.A.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5010 E WHITEWAY DR.  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

5010 E WHITEWAY DR.  
TAMPA, FL 33617

**New Mailing Address:**

8909 FRANKLIN RD  
PLANT CITY, FL 33565

**FEI Number:** 11-3675279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, JOE M  
8909 FRANKLIN RD  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: LYNN, JOE M JR  
Address: 8909 FRANKLIN RD  
City-St-Zip: PLANT CITY, FL 33565

I hereby 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 all other like empowered.

SIGNATURE: JOE M LYNN JR

PSD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date