## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000066415

1. Entity Name

FLYNN BUILDING CONTRACTORS, INC.



FILED Mar 21, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

285 GOLDEN SADDLE LANE ORMOND BEACH, FL 32174 285 GOLDEN SADDLE LANE ORMOND BEACH, FL 32174



## DO NOT WRITE IN THIS SPACE

03152008 No Chg-P CR2E034 (11/05)

| 4. FEI Number                    |                  | Applied For       |
|----------------------------------|------------------|-------------------|
| 20-0051288                       |                  | Not Applicable    |
| 5. Certificate of Status Desired | \$8.75<br>Fee Re | Additional quired |

6. Name and Address of Current Registered Agent

FLYNN, DANIEL M 285 GOLDEN SADDLE LANE ORMOND BEACH, FL 32174

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  |  | 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.   | Signature, typed or printed name of registered agent and title I                       | applicable. (NOTE: Registere                     | d Agent signature | required when reinstating)     | DATE   |  |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                            | Election Campaign Finar Trust Fund Contribution. | ncing 🔲           | \$5.00 May Be<br>Added to Fees | U00000865664<br>04/07/08-80037-021 150.00                |  |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND DIRECT DPST FLYNN, DANIEL M 285 GOLDEN SADDLE LANE ORMOND BEACH, FL 32174 | TORS   |                   |                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | •  |  |                   |                                | NOT WRITE<br>THIS SPACE                                  |  |  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                   |                                |  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | portify that the information cumplied with this fi                                     | ling does not qualify for the av                 | emptions co       | ntained in Chanter 11          | Florida Statutes: I further certify that the information |  |  |
| 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 eath; 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. |  |  |                   |                                |  |  |  |