## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000073469

Address:

City-St-Zip:

FILED Feb 17, 2006 Secretary of State

Entity Name: JEFF LYNN'S SHOTCRETE, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 1675 BELLEVIEW, FL 34421 US **Current Mailing Address: New Mailing Address:** PO BOX 1675 BELLEVIEW, FL 34421 US FEI Number: 20-0068792 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWNING, JULIE M LYNN, HOLLY 310 SOUTH RHODES STREET 10782 SE 166TH LANE MOUNT DORA, FL 32757 SUMMERFIELD, FL 34491 US 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: HOLLY LYNN 02/17/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LYNN, JEFFREY D Name: Name: PO BOX 1675 Address: Address: City-St-Zip: BELLEVIEW, FL 34421 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: LYNN, HOLLY

Address:

City-St-Zip:

10782 SE 166TH LANE SUMMERFIELD, FL 34491 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further 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 an address, with all other like empowered.

SIGNATURE: HOLLY LYNN 02/17/2006 D