

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074380

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: FLYNN SW FLORIDA LAND RECOVERY, INC.

## Current Principal Place of Business:

26396 NADIR RD #505  
PUNTA GORDA, FL 33983

## New Principal Place of Business:

## Current Mailing Address:

26396 NADIR RD #505  
PUNTA GORDA, FL 33983

## New Mailing Address:

FEI Number: 20-0075475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLYNN, BRANDON  
26396 NADIR RD #505  
PUNTA GORDA, FL 33983

## Name and Address of New Registered Agent:

FLYNN, SARAH  
26396 NADIR RD #505  
PUNTA GORDA, FL 33983

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: SARAH FLYNN

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLYNN, BRANDON  
Address: 26396 NADIR RD #505  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: FLYNN, SARAH  
Address: 26396 NADIR RD #505  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: ELROD-FLYNN, LANNA  
Address: 1826 SE 15TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SARAH FLYNN

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date