2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P03000103612

Entity Name: VICTORIA LYNN, INC.

Current Principal Place of Business:

3361 NEW SOUTH PROVIDENCE, #4
FT. MYERS, FL 33907

New Principal Place of Business:

3301 42 STREET SW
LEHIGH ACRES, FL 33971 US

Current Mailing Address:

3361 NEW SOUTH PROVIDENCE, #4
FT. MYERS, FL 33907

New Mailing Address:

3301 42 STREET SW
LEHIGH ACRES, FL 33971 US

FEI Number: 20-0274651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAWLE, BETTY
105 EAST GREENS
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

GAWLE, BETTY
1012 HIGHLAND AVE
LEHIGH ACRES, FL 33972 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: BETTY GAWLE 04/19/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: HEAD, VICKI L
Address: 3361 NEW SOUTH PROVIDENCE, #4
City-St-Zip: FT. MYERS, FL 33907

Title: VTD ( ) Delete
Name: GAWLE, BETTY J
Address: 105 EAST GREENS
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: MCCOMMON, VICKI L
Address: 3301 42 STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VTD (X) Change ( ) Addition
Name: GAWLE, BETTY J
Address: 1012 HIGHLAND AVE
City-St-Zip: LEHIGH ACRES, FL 33972 US

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: VICKI MCCOMMON PSD 04/19/2005
Electronic Signature of Signing Officer or Director Date