

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106815

Entity Name: KATE LYNN, PA

FILED
Apr 05, 2004
Secretary of State

Current Principal Place of Business:

319 CLEMATIS ST STE 610
W PALM BCH, FL 33401

New Principal Place of Business:

319 CLEMATIS STREET
610
W PALM BCH, FL 33401

Current Mailing Address:

319 CLEMATIS ST STE 610
W PALM BCH, FL 33401

New Mailing Address:

319 CLEMATIS STREET
610
W PALM BCH, FL 33401

FEI Number: 37-1475907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, KATE
319 CLEMATIS ST STE 610
W PALM BCH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYNN, KATE
Address: 319 CLEMATIS ST STE 610
City-St-Zip: W PALM BCH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KATE LYNN

D

04/05/2004

Electronic Signature of Signing Officer or Director

_____ Date