# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2008**
**Secretary of State**

DOCUMENT# P03000112835

**Entity Name:** MAIS-LYNN, INC.

**Current Principal Place of Business:**

2051 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

**New Principal Place of Business:**

1884 N. UNIVERSITY DRIVE
PLANTATION, FL 33322

**Current Mailing Address:**

2051 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

**New Mailing Address:**

1884 N. UNIVERSITY DRIVE
PLANTATION, FL 33322

**FEI Number: 20-0343047** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STONE, PATRICIA L
8870 NW 10 COURT
PLANTATION, FL 33322 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: PD ( ) Delete
Name: MAISLIN, BARBRA D
Address: 1320 W. CAMPANELLI DRIVE
City-St-Zip: PLANTATION, FL 33322

Title: VD ( ) Delete
Name: STONE, FREDRICK A
Address: 1320 W. CAMPANELLI DRIVE
City-St-Zip: PLANTATION, FL 33322

Title: TD ( ) Delete
Name: STONE, PATRICIA L
Address: 8870 NW 10 COURT
City-St-Zip: PLANTATION, FL 33322

Title: SD ( ) Delete
Name: STONE, PATRICIA L
Address: 8870 NW 10 COURT
City-St-Zip: PLANTATION, FL 33322

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA L. STONE TD 04/25/2008

Electronic Signature of Signing Officer or Director Date