

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000113427

1. Entity Name
**PHILLIP LYNCH QUALITY DRYWALL REPAIR SERVICE,
INC.**



Principal Place of Business

**5242 HOLSTEIN ROAD
APOPKA, FL 32712**

Mailing Address

**5242 HOLSTEIN ROAD
APOPKA, FL 32712**

DO NOT WRITE IN THIS SPACE



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1710288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LYNCH, PHILLIP
5242 HOLSTEIN ROAD
APOPKA, FL 32712**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000874446
04/10/08-80120-002 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LYNCH, PHILLIP
STREET ADDRESS	5242 HOLSTEIN ROAD
CITY-ST-ZIP	APOPKA, FL 32712

TITLE	S
NAME	LYNCH, KIM M
STREET ADDRESS	5242 HOLSTEIN RD.
CITY-ST-ZIP	APOPKA, FL 32712

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kim M. Lynch **Kim M. Lynch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-08 (407)889-8258

Date

Daytime Phone #