

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90003 023 ***163.75

DOCUMENT # P03000117516

1. Entity Name
LYNN LINDO P.A.



Principal Place of Business
**1897 SW CAPEHART AVE
PT ST LUCIE, FL 34953**

Mailing Address
**1897 SW CAPEHART AVE
PT ST LUCIE, FL 34953**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0069643	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LINDO, LYNN
1897 SW CAPEHART AVE
PT ST LUCIE, FL 34953-4608**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINDO, LYNN
STREET ADDRESS	1897 SW CAPEHART AVE
CITY-ST-ZIP	PT ST LUCIE, FL 34953
TITLE	PVT
NAME	LINDO, LYNN
STREET ADDRESS	1897 SW CAPEHART AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349534608
TITLE	SCM
NAME	LINDO, LYNN
STREET ADDRESS	1897 SW CAPEHART AVE
CITY-ST-ZIP	PT ST LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
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: Lynn Lindo LYNN LINDO P.A. Jan. 20, 2006 772-342-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #