

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

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



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 27-0069643

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
LINDO, LYNN
STREET ADDRESS
1897 SW CAPEHART AVE
CITY - ST - ZIP
PT ST LUCIE FL 34953 ☐ Delete

TITLE
NAME
U00000628581
STREET ADDRESS
02/16/07-80022-004 163.75
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
PVT
LINDO, LYNN
STREET ADDRESS
1897 SW CAPEHART AVE
CITY - ST - ZIP
PORT SAINT LUCIE FL 34953-4608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
SCM
LINDO, LYNN
STREET ADDRESS
1897 SW CAPEHART AVE
CITY - ST - ZIP
PT ST LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 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-30, 2007 772-342-444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #