2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90474 001 ***150.00

DOCU 1. Entity Nam FLYNN R	ne	# P0300015 , INC.	3956			05-02-2005	90474 001 **	**15	J.00		
Principal Place of Business 450 14TH AVENUE NORTH			Mailing Address	Mailing Address 450 14TH AVENUE NORTH			• •				
APT. #2			APT. #2	APT. #2							
ST. PETERSE	BURG, FL 33	1701	ST. PETERSBURG, FL	ST. PETERSBURG, FL 33701			 11 11			 	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-P	CR2E034 (1	0/03)		
City & State			City & State	City & State			Der - ク4977	95		optied For at Applicable	
Zip	Country		Zip	Zip Coun			e of Status Desired		5 Add		
	6. Name	and Address of Currer	nt Registered Agent				7. Name and Address of New Registered Agent				
FLYNN, JE	FERREYI			Name							
450 14TH APT. #2		NORTH			Street Address (P.O. Box Number is Not Acceptable)						
ST. PETE	RSBURG,	FL 33701								·	
					City	ity 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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.						5.00 May Be ided to Fees					
10.	OFFICERS AND DIRECTORS					ADDITIONS	/CHANGES TO OFFI				
TITLE NAME	FLYNN, J	EFFREY L	☐ Delete	☐ Delete TITLE				_1 0	hange	Addition	
STREET ADDRESS	450 14TH	PT#2	ET ADDRESS								
CITY-ST-ZIP	ST. PETE	RSBURG, FL 33701			-ST-ZIP						
TITLE NAME	☐ Delete		TITLI Nam				c	hange	Addition		
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CITY-ST-ZIP					-ST-ZIP						
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STREET ADDRESS				1	ET ADDRESS						
CITY-ST-ZIP			<u> </u>	CHY	-ST-ZIP						
TITLE NAME			☐ Delete	TITLE					ange	Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP		<u> </u>		•	-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify 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 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.											