

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90206 003 ***150.00

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02222006 Chg-P CR2E034 (11/05)

4. FEI Number 77-0621851 Applied For Not Applicable

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
Name
Street Address (P.O. Box Number is Not Acceptable)
City Dundee FL Zip Code 33838

DOCUMENT # P04000024892

1. Entity Name
LYNN'S PAINTING, INC.



Principal Place of Business
316 LENA VISTA BLVD
AUBURNDALE, FL 33823

Mailing Address
316 LENA VISTA BLVD
AUBURNDALE, FL 33823

2. Principal Place of Business
x 1518 Vista Del Lago
Suite, Apt. #, etc.

3. Mailing Address
x 1518 Vista Del Lago
Suite, Apt. #, etc.

City & State
Dundee, FL
Zip 33838 Country Polk

City & State
Dundee, FL
Zip 33838 Country Polk

LYNN, BILLY J
316 LENA VISTA BLVD
AUBURNDALE, FL 33823

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: x Billy Lynn

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 PD
NAME LYNN, BILLY J
STREET ADDRESS 316 LENA VISTA BLVD
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS x 1518 Vista Del Lago
CITY-ST-ZIP Dundee, FL, 33838

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: x Billy Lynn

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06 (863)412-7749

Date

Daytime Phone #