

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-22-2005 90270 050 ***150.00

DOCUMENT # P04000091529 1. Entity Name LYNCH CORPORATE SERVICES, INCORPORATED					
Principal Place of Business 1624 AVIATION CENTER PARKWAY DAYTONA BEACH, FL 32114			Mailing Address 1624 AVIATION CENTER PARKWAY DAYTONA BEACH, FL 32114		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1250234	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNCH, MARCELLA A 7 PLEASANTWOOD WAY ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent 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: <u>Marcella Lynch</u> <u>Marcella Lynch, President</u> <u>4/14/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 STREET ADDRESS CITY-ST-ZIP	P LYNCH, MARCELLA A ☐ Delete 7 PLEASANTWOOD WAY ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS 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 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.					
SIGNATURE: <u>Marcella Lynch</u> <u>Marcella Lynch, Pres</u> <u>4/14/05</u> <u>386-252-8847</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66018375



03292005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1250234 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

LYNCH, MARCELLA A
7 PLEASANTWOOD WAY
ORMOND BEACH, FL 32174

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: Marcella Lynch Marcella Lynch, President 4/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

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After May 1, 2005 Fee will be \$550.00**

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SIGNATURE: Marcella Lynch Marcella Lynch, Pres 4/14/05 386-252-8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #