

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

1/1

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90033 025 \*\*\*150.00

**DOCUMENT # P04000109641**

1. Entity Name  
JAYSON LYNN.NET, INC.



Principal Place of Business  
56 STEBBINS COURT  
DEFUNIAK SPRINGS, FL 32433

Mailing Address  
56 STEBBINS COURT  
DEFUNIAK SPRINGS, FL 32433



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>20-1489120                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

FLAX, JEFF  
56 STEBBINS COURT  
DEFUNIAK SPRINGS, FL 32433

**DO NOT WRITE  
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 Jeff Flax  
Signature of individual or corporate name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

1/17/07  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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            | FLAX, JEFF                 |
| STREET ADDRESS  | 56 STEBBINS COURT          |
| CITY - ST - ZIP | DEFUNIAK SPRINGS, FL 32433 |

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|-----------------|--|
| TITLE           |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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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: Jeff Flax  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07  
Date

850 892 0526  
Daytime Phone #