


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90333 047 ***150.00

DOCUMENT # P04000130216					
1. Entity Name MARLON D. LYNN, P.A.					
Principal Place of Business 721 SAGAMORE STREET LAKELAND, FL 33803			Mailing Address 721 SAGAMORE STREET LAKELAND, FL 33803		
2. Principal Place of Business 3030 Carolina Avenue Suite, Apt. #, etc.		3. Mailing Address 3030 Carolina Avenue Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 20-1640494	
Zip 33803		Country USA		Applied For Not Applicable	
Zip 33803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIVEY, LOUISE W ONE LAKE MORTON DRIVE LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Louise W. Spivey Street Address (P.O. Box Number is Not Acceptable) 187 Lake Morton Drive City Lakeland FL Zip Code 33801		
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>Louise W. Spivey</u> DATE <u>4/13/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D LYNN, MARLON D 721 SAGAMORE STREET LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3030 Carolina Avenue Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-25-06		Daytime Phone # 863 258 0468