

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145390

Entity Name: THOMAS LYNN, INC.

FILED  
Jan 14, 2005  
Secretary of State

**Current Principal Place of Business:**

3015 GRAND AVE - STE 179  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

3015 GRAND AVE - STE 179  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

8956 HWY 814  
MYRTLE BEACH, SC 29588

**New Mailing Address:**

3015 GRAND AVE - STE 179  
COCONUT GROVE, FL 33133

FEI Number: 81-0557133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMMENTORP-SCHMIDT, MARSHA  
3015 GRAND AVE - STE 179  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AMMENTORP-SCHMIDT, THOMAS  
Address: 8956 HWY 814  
City-St-Zip: MYRTLE BEACH, SC 29588

Title: VP ( ) Delete  
Name: AMMENTORP-SCHMIDT, MARSHA  
Address: 8956 HWY 814  
City-St-Zip: MYRTLE BEACH, SC 29588

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: AMMENTORP-SCHMIDT, THOMAS  
Address: 51 SW 11TH STREET #1419  
City-St-Zip: MIAMI, FL 33130

Title: VP (X) Change ( ) Addition  
Name: AMMENTORP-SCHMIDT, MARSHA  
Address: 51 SW 11TH STREET #1419  
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS AMMENTORP-SCHMIDT

P

01/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date