


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90133 037 \*\*\*150.00

<b>DOCUMENT # P05000014526</b>	
1. Entity Name <b>LYNN'S DESIGNS, INC.</b>	

Principal Place of Business <b>103 S. ALCANIZ STREET PENSACOLA, FL 32502 US</b>	Mailing Address <b>103 S. ALCANIZ STREET PENSACOLA, FL 32502 US</b>
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**66010668** ---



2. Principal Place of Business <b>122 South Palafox Place</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03242006 Chg-P CR2E034 (11/05)

City & State <b>Pensacola, FL</b>	City & State <b>same</b>
Zip <b>32502</b>	Zip <b>32502</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>202241208</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LYNCHARD LAW FIRM, P.A. 7552 NAVARRE PARKWAY SUITE 9 NAVARRE, FL 32566</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOFFMAN, REBECCA L 103 S. ALCANIZ STREET PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Rebecca Lynn Hoffman</b> <b>122 South Palafox Place</b> <b>Pensacola, FL 32502</b> <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
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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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

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: **R. Lynn Hoffman** **3-24-06** **850 469-8777**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Corporate Phone #

**R. Lynn Hoffman**

ATTACHMENT

66010668

#705000014526



THE EMERALD TURTLE

122 SOUTH PALAFOX PLACE

PENSACOLA, FL 32502

PH: (850) 469-8777

FAX: (850) 469-8877

Hello!

I am sorry to have forgotten to fill in my EIN number, so here it is!  
I am new to this but I am trying!! Please note that we have recently  
moved. I changed the address on this form. PLEASE let me know if  
there is anything else I need to do!

Sincerely,

*L. Lynn Hoffman*

R. Lynn Hoffman