

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90198 021 ***150.00

DOCUMENT # P05000029156

1. Entity Name

MURLYNN INC.



Principal Place of Business

**1140 6TH ST NW
LARGO FL 33770
US**

Mailing Address

**2623 RENATTA DR
BELLEAIR BLUFFS FL 33770
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

06-1743933

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

**MURTHA, DEBBIE
2623 RENATTA DR
BELLEAIR BLUFFS FL 33770**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	P	<input type="checkbox"/> Delete
NAME	MURTHA, DEBBIE I	
STREET ADDRESS	2623 RENATTA DR	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CADAVID, LYNDIA M	
STREET ADDRESS	1012 WASHINGTON AVE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Debbie Murtha I DEBBIE Murtha*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 (727) 420-0913
Date Daytime Phone #