

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000104239

Entity Name: JOHN LYNN, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1623 NE 35TH STREET  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

1623 NE 35TH STREET  
OAKLAND PARK, FL 33334

**New Mailing Address:**

FEI Number: 81-0676223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRUSTWAY INSURANCE  
4960 N. DIXIE HWY 301  
FORT LAUDERDALE#61, FL 33334 US

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

FREEWAY INSURANCE  
4960 N. DIXIE HWY 301  
FORT LAUDERDALE#61, FL 33334 US

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: AGENCY 0027026

Electronic Signature of Registered Agent

04/30/2012

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LYNN, JOHN  
Address: 1623 NE 35TH STREET  
City-St-Zip: OAKLAND PARK, FL 33334

I hereby 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 all other like empowered.

SIGNATURE: JOHN LYNN

D

04/30/2012

Electronic Signature of Signing Officer or Director

Date