

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-11-2006 90003 022 ***150.00

DOCUMENT # P05000107985					
1. Entity Name THOMAS M. FLYNN, INC.					
Principal Place of Business 237 SHELL FALLS DR. APOLLO BCH FL 33572			Mailing Address 237 SHELL FALLS DR. APOLLO BCH FL 33572		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3283275	
				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		
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132			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 the 4 applicable (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒		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	D FLYNN, THOMAS M ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	237 SHELL FALLS DR.		NAME		
STREET ADDRESS	APOLLO BCH FL 33572		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D FLYNN, WENDY D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	237 SHELL FALLS DR.		NAME		
STREET ADDRESS	APOLLO BCH FL 33572		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>THOMAS FLYNN</u> THOMAS FLYNN 8-7-06 813-777-0558 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					