

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 050 ***178.75

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04022008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000015112 1. Entity Name GORDON LYNCH SERVICES INC.					
Principal Place of Business 2999 RAMBLING OAK WAY KISSIMMEE, FL 34746			Mailing Address 2999 RAMBLING OAK WAY KISSIMMEE, FL 34746		
2. Principal Place of Business - No P.O. Box # 2999 Rambling Oak Way Suite, Apt. #, etc.		3. Mailing Address 2999 Rambling Oak Way Suite, Apt. #, etc.			
City & State Kissimmee Zip 34746 Country OSCELA		City & State Kissimmee Zip 34746 Country OSCELA		4. FEI Number 061810001 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LYNCH, GORDON 2999 RAMBLING OAK WAY KISSIMMEE, FL 34746	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, GORDON 2999 RAMBLING OAK WAY KISSIMMEE, FL 34746		<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"/> Change <input type="checkbox"/> Addition		
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"/> 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: <i>Gordon Lynch</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			407-729-4927 <small>Date Daytime Phone #</small>		