2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State
03-07-2008 90045 038 ***150.00

DOCUMENT # P07000030341

1. Entity Name
J.CROSS & LYN ENTERPRISES, INC.

Principal Place of Business
2775 NW 34TH AVE UNIT 104
LAUDERDALE LAKES FL 33311

Mailing Address
2775 NW 34TH AVE UNIT 104
LAUDERDALE LAKES FL 33311

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

1st MOORE CR2E034 (10/07)

4. FEI Number 20-8679885 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROSS, JENNIFER E
2015 SW 20TH STREET STE 100
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name Jennifer E. Cross

Street Address (P.O. Box Number is Not Acceptable)

2775 NW 34th Avenue #104

City Lauderdale Lakes FL Zip Code 33311

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 2/18/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROSS, JENNIFER E	NAME	
STREET ADDRESS	PO BOX 668942	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33066	CITY-ST-ZIP	
TITLE	P ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	LYN, MARK M	NAME	
STREET ADDRESS	PO BOX 668942	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33066	CITY-ST-ZIP	
TITLE	CFO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROSS, AIRKA J	NAME	
STREET ADDRESS	PO BOX 668942	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33066	CITY-ST-ZIP	
TITLE	S ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	CROSS, MARJENIQUE P	NAME	
STREET ADDRESS	PO BOX 668942	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33066	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	LYNN, MARCUS M	NAME	
STREET ADDRESS	PO BOX 668942	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33066	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	LYNN, MATTHEW A	NAME	
STREET ADDRESS	PO BOX 668942	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33066	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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/18/08 Daytime Phone # (954)240-2718