

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000057895

**FILED**  
**Sep 09, 2011**  
**Secretary of State**

**Entity Name:** FLYNN FINANCIAL PLANNING CORP

**Current Principal Place of Business:**

625 TROPICAL BREEZE WAY  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

625 TROPICAL BREEZE WAY  
TAMPA, FL 33602

**New Mailing Address:**

1600 SE 17TH STREET  
MHG SERVICES, SUITE 410  
FORT LAUDERDALE, FL 33316

**FEI Number:** 26-2839472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLYNN, JOSEPH  
625 TROPICAL BREEZE WAY  
TAMPA, FL 33602 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FLYNN, JOSEPH  
Address: 625 TROPICAL BREEZE WAY  
City-St-Zip: TAMPA, FL 33602

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: JOSEPH FLYNN

PD

09/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date