


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90025 007 ***150.00

DOCUMENT # P34158
 1. Entity Name
LYNN ELECTRONICS CORPORATION



Principal Place of Business
154 RAILROAD DRIVE
IVYLAND, PA 18974 US

Mailing Address
154 RAILROAD DRIVE
IVYLAND, PA 18974 US

24019310



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02152004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
23-1636460

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

ROSEN, LOUIS
4100 NORTH POWERLINE ROAD
STE T-5
POMPANO BEACH, FL 33073

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSEN, MICHAEL	
STREET ADDRESS	707 ALTON CT.	
CITY - ST - ZIP	AMBLER, PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSEN, LOUIS	
STREET ADDRESS	23393 SERENE MEADOW DRIVE SOUTH	
CITY - ST - ZIP	BOCA RATON, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	YAMPOLSKY, LINDA	
STREET ADDRESS	840 BRISTOL ROAD	
CITY - ST - ZIP	SOUTHAMPTON, PA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YAMPOLSKY, MICHAEL	
STREET ADDRESS	840 BRISTOL RD	
CITY - ST - ZIP	SOUTHAMPTON, PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1801 CAPTAINS WAY	
CITY - ST - ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **Date:** *3/9/04* **Daytime Phone #:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR