

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90259 033 \*\*\*150.00

**DOCUMENT # P93000030119**

1. Entity Name

LYNN TITUS, INC.



Principal Place of Business

6540 TAMiami TRAIL  
NAPLES FL 34108  
US

Mailing Address

6540 TAMiami TRAIL  
NAPLES FL 34108  
US



2. Principal Place of Business

28380 OLD 41 RD

3. Mailing Address

28380 OLD 41 RD

Suite, Apt. #, etc.

# 4

Suite, Apt. #, etc.

# 4

1st MOORE

CR2E034 (10/05)

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-0402720

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

34135

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLOPSTAD, LYNN TITUS  
3301 TAYLOR ROAD  
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name LYNN TITUS KLOPSTAD

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

28380 OLD 41 RD

SUITE 4

City

BONITA SPRINGS

FL

Zip Code

34135

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

LYNN T. KLOPSTAD

03/15/06

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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

TITLE P ☐ Delete  
NAME KLOPSTAD, LYNN T  
STREET ADDRESS 3301 TAYLOR ROAD  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE V ☐ Delete  
NAME JEFF, KLOPSTAD  
STREET ADDRESS 6540 TRAIL BLVD  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. ☒ Change ☐ Addition  
NAME KLOPSTAD, LYNN T.  
STREET ADDRESS 6540 TRAIL BLVD  
CITY-ST-ZIP NAPLES, FL 34108

TITLE V. ☒ Change ☐ Addition  
NAME KLOPSTAD, JEFF  
STREET ADDRESS 6540 TRAIL BLVD  
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

JEFF KLOPSTAD

03/15/06

239-593-8812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #