2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000082214

1. Entity Name
LYNN'S COMMERCIAL FISHING, INC.

Principal Place of Business	Mailing Address
ABOUND BOAT	P.O. BOX 1522
SAINT AUGUSTINE, FL 32085	SAINT AUGUSTINE, FL 32085

DO NOT WRITE IN THIS SPACE

02032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3212224	Not Applicable

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

6. Name and Address of Current Registered Agent

KING, C L
SEAFOOD SHOPPE
150 RIBERIA ST
SAINT AUGUSTINE, FL 32085

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

02/21/08-80054-014 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PVST
NAME	KING, C L
STREET ADDRESS	SEAFOOD SHOPPE, 150 RIBERIA ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085
TITLE	
NAME	
STREET ADDRESS	–
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _C. Lynn King_   C. LYNN KING   2/9/08   (321) 223-3903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #