

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087064

FILED
Apr 28, 2009
Secretary of State

Entity Name: LYNN CONSTRUCTION OF NAPLES, INC.

Current Principal Place of Business:

160 3RD STREET S.W.
NAPLES, FL 34117

New Principal Place of Business:

5534 YAHL ST.
SUITE B
NAPLES, FL 34109 US

Current Mailing Address:

160 3RD STREET S.W.
NAPLES, FL 34117

New Mailing Address:

5534 YAHL ST.
SUITE B
NAPLES, FL 34109 US

FEI Number: 65-0450456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, JOANNE
160 3RD STREET S.W.
NAPLES, FL 34117 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYNN, JOANNE
Address: 160 3RD STREET, S.W.
City-St-Zip: NAPLES, FL 34117

Title: V () Delete
Name: LYNN, DAVID
Address: 160 3RD STREET, S.W.
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: JAYSON, LYNN
Address: 1255 SPERLING
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANNE LYNN

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date