

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000000338

1. Entity Name  
D.W. FLYNN & ASSOCIATES, PA



Principal Place of Business  
2589 BURNTFORK DR.  
CLEARWATER, FL 33761

Mailing Address  
2589 BURNTFORK DR.  
CLEARWATER, FL 33761



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3218135

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FLYNN DONALD W  
2589 BURNTFORK DR.  
CLEARWATER, FL 33761

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000733006  
05/09/07-80068-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, DONALD W 2589 BURNTFORK DR. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLYNN, DANIEL E 2589 BURNT FORK DR. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLYNN MARY A 2589 BURNTFORK DR. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Donald W. Flynn*  
DONALD W. FLYNN

4-24-07

127-560-5377

Date

Daytime Phone #