


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000004964</b> 1. Entity Name LYNSU INDUSTRIES, INC.	
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Principal Place of Business 11901 W. SAMPLE RD CORAL SPRINGS, FL 33065 US	Mailing Address 11927 W SAMPLE RD CORAL SPRINGS, FL 33065 US
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**DO NOT WRITE IN THIS SPACE**



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0462322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LAPIDUS, SUSAN 320 TORCHWOOD AVE. PLANTATION, FL 33324
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAPIDUS, SUSAN 320 TORCHWOOD AVE. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DICKENS, LINDA 4733 NW 96 DRIVE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBAY, THOMAS 5851 HOLMBERG RD PARKLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000078532  
03/08/04-80029-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan Lapidus SUSAN LAPIDUS 3/3/04 954-755-2311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #