


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90043 045 \*\*\*150.00

<b>DOCUMENT # P94000035875</b>	
1. Entity Name <b>LYN SON CORP.</b>	

Principal Place of Business <b>22580 LEMON TREE LANE BOCA RATON FL 33428 US</b>	Mailing Address <b>22580 LEMON TREE LANE BOCA RATON FL 33428 US</b>
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2. Principal Place of Business <b>9793 Saddle Court</b>	3. Mailing Address <b>9793 Saddle Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lake Worth FL</b>	City & State <b>Lake Worth FL</b>
Zip <b>33467</b>	Country <b>USA</b>
Zip <b>33467</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0513275</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>CLARKE, LYNDEN 22580 LEMON TREE LANE BOCA RATON FL 33428</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9793 Saddle Court</b> City <b>Lake Worth FL</b> Zip Code <b>33467</b>		

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARKE, LYNDEN</b> <b>22580 LEMON TREE LANE</b> <b>BOCA RATON FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9793 Saddle Court</b> <b>Lake Worth, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARKE, SONIA M</b> <b>22580 LEMON TREE LANE</b> <b>BOCA RATON FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9793 Saddle Court</b> <b>Lake Worth, FL 33467</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/28/05 954-777-9935**  
Date Daytime Phone #