

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90043 035 ***150.00

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03102004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000066295					
1. Entity Name FLYNN TRANSPORTATION SERVICES, INC.					
Principal Place of Business 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394-3079			Mailing Address 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394-3079		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0530901	
				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 BOYLE, CONRAD J 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394-3079				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, THOMAS V III		NAME		
STREET ADDRESS	500 E BROWARD BLVD SUITE 1950		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33394		CITY-ST-ZIP		
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, THOMAS V III		NAME		
STREET ADDRESS	500 E. BROWARD BLVD., SUITE 1950		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 _____			3/11/04 561-750-0001		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		