

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000013503

1. Entity Name
PALYNN, INC.



Principal Place of Business

**2816 ORMANDY CT
TAMPA, FL 33618**

Mailing Address

**2816 ORMANDY CT
TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3298102

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LYNN, WILLIAM R
2816 ORMANDY CT
TAMPA, FL 33618**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000371187
07/07/05-80007-001 550.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LYNN, PATRICIA A
STREET ADDRESS	2816 ORMANDY CT
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	LYNN, WILLIAM R
STREET ADDRESS	2816 ORMANDY CT
CITY-ST-ZIP	TAMPA, FL 33618
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 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:

William R Lynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 5, 2005

DATE

813-960-7630

Daytime Phone #