

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90020 047 \*\*\*150.00

DOCUMENT # P95000079992

1. Entity Name

LYKINS DEVELOPMENT SPECIALTIES, INC.



Principal Place of Business

5935 TAYLOR RD  
NAPLES FL 34109  
US

Mailing Address

5935 TAYLOR RD  
NAPLES FL 34109  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0623208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

WEBRE, HAROLD  
4001 N TAMiami TRAIL  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Paul D. Lykins

Street Address (P.O. Box Number is Not Acceptable)

5770 Westport Ln

City

Naples

FL

Zip Code

34116

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

Paul D. Lykins

X R D. Lykins

3-26-2007

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | P                 | <input type="checkbox"/> Delete            |
| NAME           | LYKINS, PAUL D.   |  |
| STREET ADDRESS | 1287 11TH CT N    |  |
| CITY- ST- ZIP  | NAPLES FL         |  |
| TITLE          | VP                | <input checked="" type="checkbox"/> Delete |
| NAME           | LYKINS, CHARLES M |  |
| STREET ADDRESS | 1287 11TH CT N    |  |
| CITY- ST- ZIP  | NAPLES FL         |  |
| TITLE          | VP                | <input type="checkbox"/> Delete            |
| NAME           | Lykins, Karen F   |  |
| STREET ADDRESS | 307 Mel Sen Dr    |  |
| CITY- ST- ZIP  | Naples, FL 34105  |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY- ST- ZIP  |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY- ST- ZIP  |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY- ST- ZIP  |                   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                  |  |
|----------------|------------------|--|
| TITLE          |                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                  |  |
| STREET ADDRESS | 5770 Westport Ln |  |
| CITY- ST- ZIP  | Naples FL 34116  |  |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY- ST- ZIP  |                  |  |
| TITLE          | VP               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lykins, Karen F  |  |
| STREET ADDRESS | 307 Mel Sen Dr   |  |
| CITY- ST- ZIP  | Naples FL 34105  |  |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY- ST- ZIP  |                  |  |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY- ST- ZIP  |                  |  |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY- ST- ZIP  |                  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a power like empowered.

SIGNATURE:

X R D. Lykins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

239-594-8494

Daytime Phone #