


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90046 010 \*\*\*150.00

<b>DOCUMENT # P95000086858</b>	
<b>1. Entity Name</b> DESIGNS BY LYN WALLANDER, INC.	

<b>Principal Place of Business</b> 2954 CRAWFORD ST FT MYERS FL 33901 US	<b>Mailing Address</b> 2054 CRAWFORD ST FT MYERS FL 33901 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  RILEY, LYNETTE W 2656 SHRIVER DR FT MYERS FL 33901	<b>7. Name and Address of New Registered Agent</b> Name <u>LYNETTE WALLANDER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2656 SHRIVER DR</u> City <u>FORT MYERS</u> FL Zip Code <u>33901</u>
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**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 *Lynette Wallander* (NAME) CHG DATE 4-15-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLANDER, LYNETTE 2656 SHRIVER DR FT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Lynette Wallander* 4-15-04 239-332-5442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #