

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000040960

**Entity Name:** LYNCH'S IRISH PUB, INC.

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

514 NORTH FIRST STREET  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

514 NORTH FIRST STREET  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 59-3378036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS RD  
SUITE 450  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: LYNCH, NICOLA  
Address: 514 NORTH FIRST STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICOLA LYNCH

DPT

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date