


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90291 050 \*\*\*158.75

<b>DOCUMENT # P96000060968</b>			
1. Entity Name LYN-RHO VENTURES, INC.			
Principal Place of Business 10401 US HWY 441/88 LEESBURG, FL 34788		Mailing Address 107 NE 1ST AVE OCALA, FL 34470 US	
2. Principal Place of Business		3. Mailing Address 1531 SE 36TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State OCALA, FL	
Zip	Country	Zip 34471	Country USA
6. Name and Address of Current Registered Agent RHODEN, KATHY 33727 TARLTON DRIVE LEESBURG, FL 34788		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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PVST RHODEN, KATHY 33727 TARLTON DR LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kathy Rhoden</i>		Date: <i>4/15/05</i> Daytime Phone #: <i>352-326-5241</i>	

20042301



02122005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3395982 Applied For  
Not Applicable

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