


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000064993

1. Entity Name
 LYNN LAKE DEVELOPMENT CORPORATION OF TAMPA



Principal Place of Business Mailing Address

8019 N HIMES AVE 8019 N HIMES AVE
 #500 #500
 TAMPA, FL 33614 US TAMPA, FL 33614 US

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3409781 Not Applicable

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

6. Name and Address of Current Registered Agent

HO, RONALD Y
 8019 N HIMES AVE #500
 TAMPA, FL 33614

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HO, RONALD Y 8019 N. HIMES AVE, #500 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HO, SAMUEL C 8019 N. HIMES AVE., #500 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HO, LILLIAN F 8019 N. HIMES AVE., #500 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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: Samuel H. 441-05 (813) 933-3439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #