


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000006161**  
 1. Entity Name  
**RONALD G. LYNCH, P.A.**



Principal Place of Business: **4832 EAGLESHAM DR. ORLANDO FL 32826**  
 Mailing Address: **4832 EAGLESHAM DR. ORLANDO FL 32826**

2. Principal Place of Business: **SAME**  
 3. Mailing Address: **SAME**

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E034 (11/03)

4. FCI Number **59-3422539**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LYNCH, RONALD G**  
**4832 EAGLESHAM DR.**  
**ORLANDO FL 32826**

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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/> Delete
NAME	LYNCH, RONALD G	
STREET ADDRESS	4832 EAGLESHAM DR.	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNCH, ANNE W	
STREET ADDRESS	4832 EAGLESHAM DR.	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	V	<input type="checkbox"/> Delete
NAME	LYNCH, SCOTT R	
STREET ADDRESS	10420 POINTEVIEW CT.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	T	<input type="checkbox"/> Delete
NAME	OAKLEY, STACY L	
STREET ADDRESS	10617 ROXBORO RD.	
CITY-ST-ZIP	BAHAMA NC 27503	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

000000037348  
 02/06/04-80095-000-150.00

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: *Ronald G Lynch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **02/03/04**  
 Daytime Phone #: **3407 275 2614**