


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 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 - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
--	---

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-3422539	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 *Ronald G Lynch* (NOTE: Registered Agent signature required when transferring.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

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

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		

U00000812091
02/12/08-80032-020 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1/29/08 - 407-275-2614