
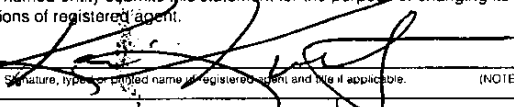
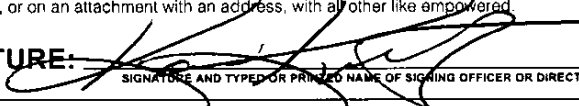


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90001 013 ***150.00

| | | | | | |
|--|---|-----|--|---|--|
| DOCUMENT # P97000046622 | | | |  | |
| 1. Entity Name THE LYNNMARK CORPORATION | | | | | |
| Principal Place of Business 4823 W. SAN JOSE STREET TAMPA, FL 33629 | | | Mailing Address P.O. BOX 18983 TAMPA, FL 33679 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3448178 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KURTZ, KARI L 4823 W. SAN JOSE STREET TAMPA, FL 33629 | | | | 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  DATE 6/9/08 | | | | | |
| Signature, type or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | CPSD <input type="checkbox"/> Delete | | | | |
| NAME | KURTZ, KARI L | | | | |
| STREET ADDRESS | P.O. BOX 18983 | | | | |
| CITY - ST - ZIP | TAMPA, FL 33679 | | | | |
| TITLE | CTD <input type="checkbox"/> Delete | | | | |
| NAME | FELDMAN, RANDY M | | | | |
| STREET ADDRESS | 1773 FLETCHER AVE. W | | | | |
| CITY - ST - ZIP | TAMPA, FL 33612 | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 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 | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE 6/9/08 | | | | | |
| Signature and typed or printed name of signing officer or director | | | | | |

ATTACHMENT

40108338

The Lynnmark Corporation
P.O. Box 18983
Tampa, FL 33679

May 23, 2008

Florida Department of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

RE: Annual Report Notice

DOCUMENT #: P97000046622

TAX ID: 59-3448178

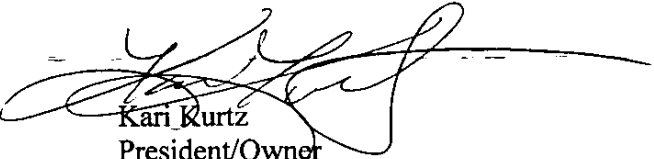
Enclosed is a check for the Annual Report file of \$150.

We never received a notice for payment this year. And, I just realized it was due while I was preparing my last year taxes.

Our P.O. Box has changes. The correct mailing address is: P.O.Box 18983, Tampa, FL 33679.

Thank you.

Sincerely,



Kari Kurtz
President/Owner
813-690-2330