

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000064945

Entity Name: LINDA ANNE LYNN, P.A.

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5498 MARINERS COVE DR  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

5498 MARINERS COVE DR  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-3460005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNN, LINDA A  
5498 MARINERS COVE DRIVE  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: LYNN, LINDA A  
Address: 5498 MARINERS COVE DR  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA A. LYNN

DPST

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date