

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024608

Entity Name: LYNMAR, INC.

FILED  
Jan 06, 2009  
Secretary of State

## Current Principal Place of Business:

875 SE 47TH TERR  
#3  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

875 SE 47TH TERR  
#3  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 65-0824625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILES, LYNN M  
875 SE 47TH TERRACE #3  
CAPE CORAL, FL 33904 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MILES, LYNN  
Address: 875 SE 47TH TERR, #3  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECY ( ) Change (X) Addition  
Name: O'BRIEN, CANDACE  
Address: 802 SW 14 PLACE  
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNN MILES

PRES

01/06/2009

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

\_\_\_\_\_  
Date