

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000108067

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** DARYL LYNCHARD, C.P.A., PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

8160 NAVARRE PKWY  
NAVARRE, FL 32566

**New Principal Place of Business:**

2178 HIGHWAY 87  
NAVARRE, FL 32566

**Current Mailing Address:**

PO BOX 5248  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 59-3549627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNCHARD, DARYL D  
8160 NAVARRE PARKWAY  
NAVARRE, FL 32566 US

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

LYNCHARD, DARYL D  
2178 HIGHWAY 87  
NAVARRE, FL 32566 US

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:** DARYL D LYNCHARD

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LYNCHARD, DARYL D  
**Address:** 2178 HIGHWAY 87  
**City-St-Zip:** NAVARRE, FL 32566

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:** DARYL D LYNCHARD

PD

04/26/2011

Electronic Signature of Signing Officer or Director

Date