

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000014575

1. Entity Name  
LAWRENCE H. FLYNN, INC.



Principal Place of Business  
2550 TALBOT RD.  
FERN PARK, FL 32730

Mailing Address  
1938 PENBROKE DR  
TRAVERSE CITY, MI 49686

**FILED**  
**Jun 12, 2008 08:00 AM**  
**Secretary of State**



06082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3558075  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FLYNN, LAWRENCE H  
2550 TALBOT ROAD  
FERN PARK, FL 32730

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 ..  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FLYNN, LAWRENCE H  
2550 TALBOT RD.  
FERN PARK, FL 32730

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
FLYNN, CYNTHIA I  
2550 TALBOT RD.  
FERN PARK, FL 32730

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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06/12/08-80001-008 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/08 231 946-7814  
Date Daytime Phone #