


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000029168</b>	
<b>1. Entity Name</b> LYNN'S TEN MINUTE LUBE CENTER, INC.	

<b>Principal Place of Business</b> 1140 MAIN STREET CHIPLEY, FL 32428	<b>Mailing Address</b> 1140 MAIN STREET CHIPLEY, FL 32428
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02242004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3575141	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  COPE, WILLIAM L JR. 808 WEST 8 STREET CIRCLE LYNN HAVEN, FL 32444
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<b>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.</b>	
<b>SIGNATURE</b> <u>William L. Jr. Cope</u> <u>William L. Jr. Cope Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing)</small>	<u>03/02/04</u> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000091162</b> <b>03/17/04-80048-019 150.00</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> COPE, WILLIAM L JR. 808 WEST 8 STREET CIRCLE LYNN HAVEN, FL 32444
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> COPE, CHARLOTTE A 808 WEST 8TH STREET LYNN HAVEN, FL 32444
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>	
<b>SIGNATURE:</b> <u>William L. Jr. Cope</u> <u>William L. Jr. Cope Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/3/04</u> <u>8506385444</u> <small>Date Daytime Phone #</small>