2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 08:00 AM Secretary of State

3-1-06 727-360-0120
Date Daylore Proces

			1	3601	CIALV OL STAL	LC	
DOCUMENT # P99000109615 1. Entity Name LYNN-LEE OF PINELLAS, COUNTY, INC.				Secretary of State			
Principal Place SUN-DIAL MO	TEL	Meiling Address 7201 SUNSET WAY					
TREASURE IS	LAND, FL 33706	-treasure Island, FL 33706					
							11
ס	O NOT WRITE	CE	01302006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For				
				59-362 5. Certificate	1993 of Status Desired	Not Appl \$8.75 Additional Fee Required	
	5. Name and Address of Current R	egistered Agent]	J.,		<u> </u>	
		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 Signature, typed or printed memo of registered agent and title if applicable (Note: Registered Agent signature required when relinations) OATE							
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2006 Feo will be \$550.0	ncing \$5	.00 May Be ded to Fees				
10.	OFFICERS AND C	RECTORS	4				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, DANIEL L 660-6TH AVE. TIERRA VERDE, FL 33715	:					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME HUGHES, LESLIE L.B. STREET ADDRESS 660- 6TH AVE.				1909) 177 7)	(M45846) G-8 <mark>0046-017</mark> 150	. 0 0
TITLE RAME STREET ADDRESS GITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	RE RET ADDRESS			IN THIS SPACE			
TITLE MAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS DITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 it 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: Janul Type On Maint to HAME OF SIGNING OFFICER OR DIRECTOR