2007 FOR PROFIT CORPORATION

FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90069 012 ***150.00

	ANNUAL REPORT	
DOOLINAENIT	" D00000400045	

DOCUMENT # P9900010 1. Entity Name LYNN-LEE OF PINELLAS, COUNT				90009 012 130.00
Principal Place of Business SUN-DIAL MOTEL TREASURE ISLAND, FL 33706	Mailing Address 7201 SUNSET WAY TREASURE ISLAND, FL 33	3706	40092502	
2. Principal Place of Business - No P.O. Box # 7201 Sugset Way	3. Mailing Address	~		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262007 Chg-P	CR2E034 (12/06)
St. Petershory Beach FL	City & State St. Pets Shore Be	ach FL	4. FEI Number 59-3621993	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New F	Fee Required Registered Agent
MARTIN, JOHN P		Name		
401 SOUTH LINCOLN AVE CLEARWATER, FL 33756		Street Address	(P.O. Box Number is Not Acceptable	e)
·		City		FL Zip Code
The above named entity submits this statement the obligations of registered agent.	I for the purpose of changing its reg	gistered office or regist	ered agent, or both, in the State of Fl	orida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered ag	pent and title if applicable. (NOTE: Re	egisterec Agent signature requir	red when reinstating)	DATE
	9. Election Campaign	Financina \$ 1	5.00 May Be	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$55			ided to Fees	
10. OFFICERS AF	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 11
TITLE P NAME HUGHES, DANIEL L	Delete	TITLE P	V, S, T	Change
STREET ADDRESS 660-6TH AVE.		STREET ADDRESS	ignes Leslie L.B. 40 - 6th Ave. N 10va Veide, FC 33	
CITY-ST-ZIP TIERRA VERDE, FL 33715	,		erra Vende, Fr 33	
NAME HUGHES, LESLIE L.B.	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS 660- 6TH AVE.		STREET ADDRESS		
CITY-ST-ZIP TIERRA VERDE, FL 33715		CITY-ST-ZIP		☐ Change ☐ Addition
NAME	☐ Delete	NAME		Citalige Ci Abditions
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Deleie	TITLE	······································	☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY+ST-ZIP		
TITLE	☐ Delete	TITLE NAME		☐ Change ☐ Addition
NAME STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied indicated on this report or supplemental report of the generalized at the ge	with this filing does not qualify for the critis true and accurate and that my	the exemptions contain signature shall have the	ned in Chapter 119, Florida Statutes, ne same legal effect as if made under 307, Florida Statutos, and that are and	I further certify that the information roath; that I am an officer or director
changed, or on an attachment with an addres	ss, with all other like empowered.	Lich 14	The Statutes and trial my har	SY L*
12. I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee e changed, or on an attachment with an adder SIGNATURE:	Hode	Pres.	4/30/07	727-360-0120 Daysme Phone #
SIGNATURE AND TYPE	OR PRINTED JAME OF SIGNING OFFICER OR	DIRECTOR	Date	Oaytime Phone #