

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S70922

1. Entity Name
LYNCH SCHOOL PRODUCTS, INC.



Principal Place of Business
1188 S.W. 4TH STREET
BOCA RATON, FL 33486

Mailing Address
1188 S.W. 4TH STREET
BOCA RATON, FL 33486

and MAILED
7/18/04 FILED 7/19/04
Jul 22, 2004 08:00 AM
Clerk, Secretary of State



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0273350 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COSTELLO, THOMAS M CPA
1300 N FEDERAL HWY #202
BOCA RATON, FL 33432-2848

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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 D
NAME LYNCH, INGRID E.
STREET ADDRESS 1188 S.W. 4TH STREET
CITY-ST-ZIP BOCA RATON, FL

TITLE D
NAME LYNCH, JAMES D.
STREET ADDRESS 1188 S.W. 4TH STREET
CITY-ST-ZIP BOCA RATON, FL

TITLE D
NAME LYNCH, DEAN LEE
STREET ADDRESS 1188 S.W. 4TH STREET
CITY-ST-ZIP BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000167892
07/22/04-80014-011 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/04 561-392-5279

Date

Daytime Phone #