

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

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**



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0273350	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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04/19/07-80025-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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

4/6/07 **561-392-5279**

Date

Daytime Phone #