


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # S75191					
1. Entity Name LYNN INC.					
Principal Place of Business 5400 N. UNIVERSITY DR. LAUDERHILL FL 33351 US			Mailing Address 5400 N. UNIVERSITY DR. LAUDERHILL FL 33351 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0293947	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNN, BARRY 5400 N. UNIVERSITY DR. LAUDERHILL FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when restate) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D			TITLE	
NAME	LYNN, BARRY	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	5400 N. UNIVERSITY DR.			STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL			CITY - ST - ZIP	
TITLE	D			TITLE	
NAME	LYNN, CHERRI	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	5400 N. UNIVERSITY DR.			STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	



MOORE CR2E034 (11/03)

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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D			TITLE			
NAME	LYNN, BARRY	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5400 N. UNIVERSITY DR.			STREET ADDRESS			
CITY - ST - ZIP	LAUDERHILL FL			CITY - ST - ZIP		U000000077312 03/05/04-80037-020 150.00	
TITLE	D			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNN, CHERRI	<input type="checkbox"/> Delete		NAME			
STREET ADDRESS	5400 N. UNIVERSITY DR.			STREET ADDRESS			
CITY - ST - ZIP	LAUDERHILL FL			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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 all other I am empowered.

SIGNATURE:  36104 854-741-8825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #