

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85605

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: PAULSAN & LYNVERS ENTERPRISES, INC.

**Current Principal Place of Business:**

SILHOUETTES  
853 N FEDERAL HWY  
STUART, FL 34994 US

**New Principal Place of Business:**

SILHOUETTES  
853 NW FEDERAL HWY  
STUART, FL 34994 US

**Current Mailing Address:**

853 N FEDERAL HWY  
STUART, FL 34994

**New Mailing Address:**

853 NW FEDERAL HWY  
STUART, FL 34994

FEI Number: 65-0289253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDS, VERNON G.  
11950 SE SHELL AVE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

REID, SUSAN M MS  
853 NW FEDERAL HWY  
STUART, FL 34994 US

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.

SIGNATURE: SUSAN M REID

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANDS, VERNON G  
Address: 11950 SE SHELL AVE  
City-St-Zip: HOBE SOUND, FL

Title: ST ( ) Delete  
Name: REID, SUSAN M  
Address: 981 NE ZEBRINA SENDA  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M REID

ST

01/05/2005

Electronic Signature of Signing Officer or Director

Date