
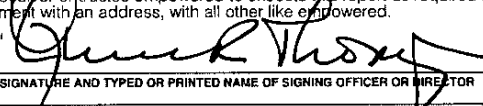


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90119 043 \*\*\*150.00

<b>DOCUMENT # S95660</b>			
1. Entity Name LYNNE R. THOMPSON, P.A.			
Principal Place of Business 529 E NEW HAVEN AVE MELBOURNE, FL 32901-5461		Mailing Address 529 E NEW HAVEN AVE MELBOURNE, FL 32901-5461	
2. Principal Place of Business 304 S Harbor City Blvd Suite, Apt. #, etc. 200		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State	
Zip 32901	Country USA	Zip	Country
4. FEI Number 59-3096320		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 THOMPSON, LYNNE R. 529 E NEW HAVEN AVE MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Same - Lynne R. Thompson Street Address (P.O. Box Number is Not Acceptable) 304 S Harbor City Blvd, Suite 200 City Melbourne FL Zip Code 32901	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PVS THOMPSON, LYNNE R. 529 E NEW HAVEN AVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition THOMPSON, LYNNE R. 304 S Harbor City Blvd, Suite 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, LYNNE R. 529 E NEW HAVEN AVE MELBOURNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: 		Date: 3-16-2005 Daytime Phone #: 321-728-1925	

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01172005 Chg-P CR2E034 (10/03)