

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107157

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: LYNN BROTHERS SEAFOOD V, INC.

**Current Principal Place of Business:**

28 LYNN CIRCLE  
ST. MARKS, FL 32355

**New Principal Place of Business:**

**Current Mailing Address:**

406 OAKWOOD TRAIL  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 26-1136860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOWE, FRANCES C  
FRANCES CASEY LOWE, P.A.  
3119-B CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327 US

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

LOWE, FRANCES C  
FRANCES CASEY LOWE, P.A.  
3042 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327 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: FRANCES C. LOWE

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LYNN, W.A. A JR.  
Address: 28 LYNN CIRCLE  
City-St-Zip: ST. MARKS, FL 32355

Title: DV ( ) Delete  
Name: LYNN, JOHN T  
Address: 28 LYNN CIRCLE  
City-St-Zip: ST. MARKS, FL 32355

Title: DP ( ) Delete  
Name: LYNN, DERRELL E  
Address: 28 LYNN CIRCLE  
City-St-Zip: ST. MARKS, FL 32355

Title: DST ( ) Delete  
Name: LYNN, M. ANDERSON  
Address: 28 LYNN CIRCLE  
City-St-Zip: ST. MARKS, FL 32355

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

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

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

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 exemption stated 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 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: JOHN T. LYNN

DV

01/15/2009

Electronic Signature of Signing Officer or Director

Date