2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105368

Entity Name: MARGARET LYNCH, P.A.

FILED May 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

173 ST JAMES WAY 7320 ST. IVES WAY NAPLES, FL 34104 4105

NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

173 ST JAMES WAY 7320 ST. IVES WAY NAPLES, FL 34104

4105

NAPLES, FL 34104

FEI Number: 06-1788234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LYNCH, MARGARET LYNCH, MARGARET 173 ST JAMES WAY 7320 ST. IVES WAY NAPLES, FL 34104 US 4105

NAPLES, FL 34104 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: 05/06/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title: PRFS

LYNCH, MARGARET Name: Name: LYNCH, MARGARET 173 ST JAMES WAY Address: 7320 ST. IVES WAY UNIT 4105 Address:

City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104

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: MARGARET LYNCH **PRES** 05/06/2009