



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # G64987 1. Entity Name THE LINER FARM, INC.	
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Principal Place of Business 4020 PACKARD AVE ST CLOUD, FL 34772 US	Mailing Address 4020 PACKARD AVE POB 701369 ST CLOUD, FL 34770-1369 US
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2372897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BIGGAR, DAVID, M, JR 4020 PACKARD AVE ST. CLOUD, FL 34772

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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: *David M. Biggar* DATE: 4-10-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	BIGGAR, DAVID M JR
STREET ADDRESS	14231 LK MARY JANE RD
CITY-ST-ZIP	ORLANDO, FL 328326224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *David M. Biggar* DATE: 4-10-07 DAYTIME PHONE #: 892-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR