


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L48216
 1. Entity Name
LINEN SOURCE, INC.



Principal Place of Business Mailing Address
5401 HANGAR COURT **5401 HANGAR COURT**
TAMPA, FL 33634 **TAMPA, FL 33634**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3001208 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FRANZBLAN, R.M.
1102 CULBREATH ISLES DR
TAMPA, FL 33609

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7. 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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

150⁰⁰
100

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANZBLAU, CARLO 5401 HANGAR CT. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANZBLAU, ROBERT M. 5401 HANGAR CT TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEOPOLD, GERALD 5401 HANGAR CT. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANZBLAU, JO Z. 5401 HANGAR CT TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HILL, FRANK 5401 HANGAR CT TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORR, ALIX F. 5401 HANGAR CT TAMPA, FL

000000061554
 02/23/04-80085-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of 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 empowers.

SIGNATURE: _____ (813) 884-6344
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #