


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L48216 1. Entity Name LINEN SOURCE, INC.	
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Principal Place of Business 5401 HANGAR COURT TAMPA, FL 33634	Mailing Address 5401 HANGAR COURT TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3001208	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 FRANZBLAN, R.M. 1102 CULBREATH ISLES DR TAMPA, FL 33609	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____

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 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	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 FRANZBLAU, ALIX 5401 HANGAR CT TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/16/07-80031-024 150.00

DO NOT WRITE IN THIS SPACE

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: *Alix Franzblau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/9/07 (813) 884-6344
Daytime Phone #