

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48216

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: LINEN SOURCE, INC.

**Current Principal Place of Business:**

5401 HANGAR COURT  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5401 HANGAR COURT  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 59-3001208      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRANZBLAN, R.M.  
1102 CULBREATH ISLES DR  
TAMPA, FL 33609      US

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

FRANZBLAN, R.M.  
1102 CULBREATH ISLES DR  
TAMPA, FL 33629      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: \_\_\_\_\_ Date: 02/07/2008  
Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: FRANZBLAU, CARLO  
Address: 5401 HANGAR CT.  
City-St-Zip: TAMPA, FL

Title: PD ( ) Delete  
Name: FRANZBLAU, ROBERT M.,  
Address: 5401 HANGAR CT  
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete  
Name: FRANZBLAU, JO Z.,  
Address: 5401 HANGAR CT  
City-St-Zip: TAMPA, FL

Title: V ( ) Delete  
Name: HILL, FRANK,  
Address: 5401 HANGAR CT  
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete  
Name: FRANZBLAU, ALIX  
Address: 5401 HANGAR CT  
City-St-Zip: TAMPA, FL

**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:

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: ROBERT M. FRANZBLAU      PD      Date: 02/07/2008  
Electronic Signature of Signing Officer or Director