

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036581

FILED
Feb 11, 2009
Secretary of State

Entity Name: MERRILL & LINDA LUND, L.M.T., INC.

Current Principal Place of Business:

27225 GALLEON DR.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

1044 CASTELLO DR
SUITE 213
NAPLES, FL 34103

Current Mailing Address:

27225 GALLEON DR.
BONITA SPRINGS, FL 34135

New Mailing Address:

1044 CASTELLO DR
SUITE 213
NAPLES, FL 34103

FEI Number: 65-1096512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUND, MERRILL
27225 GALLEON DR.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LUND, MERRILL
Address: 27225 GALLEON DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: LUND, LINDA
Address: 27225 GALLEON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LINDA LUND

D

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date