

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000010781

**Entity Name:** LINSEY ENTERPRISES, INC.

**Current Principal Place of Business:**

C/O MORRIS ENGELBERG, ESQ  
1920 EAST HALLANDALE BEACH BOULEVARD SUITE 806  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

C/O MORRIS ENGELBERG, ESQ  
1920 EAST HALLANDALE BEACH BOULEVARD SUITE 806  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 80-0034211

**Certificate of Status Desired:** No

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

ENGELBERG, MORRIS ESQ  
C/O MORRIS ENGELBERG, ESQ  
1920 EAST HALLANDALE BEACH BOULEVARD SUITE 806  
HALLANDALE BEACH, FL 33009 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name ROSS, ALFRED  
Address C/O MORRIS ENGELBERG, ESQ  
1920 EAST HALLANDALE BEACH  
BOULEVARD SUITE 806  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DS  
Name ENGELBERG, MORRIS ESQ  
Address C/O MORRIS ENGELBERG, ESQ  
1920 EAST HALLANDALE BEACH  
BOULEVARD SUITE 806  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DVPT  
Name LINSEY, THELMA  
Address C/O MORRIS ENGELBERG, ESQ  
1920 EAST HALLANDALE BEACH  
BOULEVARD SUITE 806  
City-State-Zip: HALLANDALE BEACH FL 33009

*I hereby 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 all other like empowered.*

**SIGNATURE:** MORRIS ENGELBERG

**SECRETARY**

**02/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date