

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000010781

**FILED**  
**Jan 18, 2017**  
**Secretary of State**  
**CC2358869321**

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

**Current Principal Place of Business:**

C/O MORRIS ENGELBERG, ESQ  
3800 S OCEAN DR., #217  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

C/O MORRIS ENGELBERG, ESQ  
3800 S OCEAN DR., #217  
HOLLYWOOD, FL 33019 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  
3800 S OCEAN DR., #217  
HOLLYWOOD, FL 33019 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  
3800 S OCEAN DR., #217  
City-State-Zip: HOLLYWOOD FL 33019

Title DS  
Name ENGELBERG, MORRIS ESQ  
Address C/O MORRIS ENGELBERG, ESQ  
3800 S OCEAN DR., #217  
City-State-Zip: HOLLYWOOD FL 33019

Title DVPT  
Name LINSEY, THELMA  
Address C/O MORRIS ENGELBERG, ESQ  
3800 S OCEAN DR., #217  
City-State-Zip: HOLLYWOOD FL 33019

*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:** ALFRED ROSS

**PRESIDENT**

**01/18/2017**

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

\_\_\_\_\_  
Date