

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000130741

**Entity Name:** LINDA SCHARPEGER LMT., INC.

**Current Principal Place of Business:**

501 GOODLETTE RD N.  
C107  
NAPLES, FL 34108

**Current Mailing Address:**

232 SABAL LAKE DR.  
NAPLES, FL 34104 US

**FEI Number:** 30-0213544

**Certificate of Status Desired:** No

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

SCHARPEGER, LINDA  
232 SABAL LAKE DR.  
NAPLES, FL 34104 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            D  
Name            SCHARPEGER, LINDA  
Address        232 SABAL LAKE DR.  
City-State-Zip: NAPLES FL 34104

*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:** LINDA SCHARPEGER

**DIRECTOR**

**04/29/2013**

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

\_\_\_\_\_  
Date