

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 269684

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** GEORGE M. LINVILLE CORP.

**Current Principal Place of Business:**

6842 ST AUGUSTINE RD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

2145 SWEET BRIAR LANE  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-1003486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNSO  
50 N. LAURA STREET  
STE 2750  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

Title: PTSV  
Name: LINVILLE, JO ANN  
Address: 6842 ST. AUGUSTINE RD.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D  
Name: LINVILLE, JO ANN  
Address: 6842 ST. AUGUSTINE RD.  
City-St-Zip: JACKSONVILLE, FL 32217

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: JO ANN LINVILLE

PTSV

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date