


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 510699 1. Entity Name LINDA "D", INC.					
Principal Place of Business 161 KEY HAVEN RD. KEY WEST FL 33040			Mailing Address 161 KEY HAVEN RD. KEY WEST FL 33040		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1684941	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGHSMITH, ROBERT E 3158 NORTHSIDE DRIVE KEY WEST FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD WICKERS, WILLIAM JR 161 KEY HAVEN RD. KEY WEST FL 33040				Change Addition	
SDT WICKERS, LINDA W 161 KEY HAVEN RD. KEY WEST FL 33040				Change Addition	
VD WICKERS, WILLIAM O III 161 KEY HAVEN RD KEY WEST FL 33040				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	



1st MOORE GR2E034 (10/05)

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05/15/06-80019-005 150.00

SIGNATURE: *Linda W. Wickers, Secretary* 4/25/06 (305) 294-928
 LINDA W. WICKERS
 DATE DAYTIME PHONE #