

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90104 030 ***150.00

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1. Entity Name
LINEA PENINSULAR, INC.



Principal Place of Business
5323 WEST HIGHWAY 98 #215
PANAMA CITY, FL 32401

Mailing Address
5323 WEST HIGHWAY 98 #215
PANAMA CITY, FL 32401

60022545



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
64-0800604

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHREYS, DAVID S
5323 WEST HIGHWAY 98 #215
PANAMA CITY, FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME HUMPHREYS, DAVID L ☐ Delete
STREET ADDRESS 104 GRENADINE STREET
CITY-ST-ZIP METAIRIE, LA 70005

TITLE CDP
NAME HUMPHREYS, DAVID S ☒ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE PST
NAME HUMPHREYS, DAVID L ☐ Delete
STREET ADDRESS 104 GRENADINE STREET
CITY-ST-ZIP METAIRIE, LA 70005

TITLE ST ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCP
NAME HUMPHREYS, JOANA L ☐ Delete
STREET ADDRESS 104 GRENADINE STREET
CITY-ST-ZIP METAIRIE, LA 70005

TITLE VP ☒ Change ☐ Addition
NAME HUMPHREYS, JOANA L.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 31, 2006 850-522-4500