

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90075 006 ***150.00

DOCUMENT # F40210

1. Entity Name
LINVILLE INVESTMENTS, INC.



Principal Place of Business

4622 GALL BLVD
% TERRY LINVILLE P.O. BOX 9005
ZEPHYRHILLS, FL 33541-6237

Mailing Address

4622 GALL BLVD
% TERRY LINVILLE P.O. BOX 9005
ZEPHYRHILLS, FL 33541-6237

DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2158919

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINVILLE, TERRY
4622 GALL BLVD
ZEPHYRHILLS, FL 33541

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LINVILLE, LOIS
STREET ADDRESS 6519 N. DAIRY ROAD
CITY-ST-ZIP ZEPHYRHILLS, FL 00000,

TITLE DS
NAME LINVILLE, DANNY
STREET ADDRESS 4622 GALL BLVD
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE D
NAME LINVILLE, TONY
STREET ADDRESS 18415 TIMBERLAN DRIVE
CITY-ST-ZIP LUTZ, FL

TITLE D
NAME LINVILLE, JAY
STREET ADDRESS 4623 RYALS ROAD
CITY-ST-ZIP ZEPHYRHILLS, FL 00000,

TITLE D
NAME LINVILLE, TIMOTHY
STREET ADDRESS 37136 LEMON DRIVE
CITY-ST-ZIP ZEPHYRHILLS, FL 00000,

TITLE DV
NAME LINVILLE, TERRY
STREET ADDRESS 5215 BERNADETTE DRIVE
CITY-ST-ZIP ZEPHYRHILLS, FL 00000,

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
TERRY LINVILLE

Date

Daytime Phone #

3/9/04 (813)782-1521