


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
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2158919	Applied For Not Applicable
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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

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D LINVILLE, LOIS 6519 N. DAIRY ROAD ZEPHYRHILLS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINVILLE, DANNY 4622 GALL BLVD ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINVILLE, TONY 18415 TIMBERLAN DRIVE LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINVILLE, JAY 4623 RYALS ROAD ZEPHYRHILLS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINVILLE, TIMOTHY 37136 LEMON DRIVE ZEPHYRHILLS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LINVILLE, TERRY 5215 BERNADETTE DRIVE ZEPHYRHILLS, FL 00000,

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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: *Terry Linville* **3/9/04** (813)782-1521
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TERRY LINVILLE** Date Daytime Phone #