


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90067 005 \*\*\*150.00

<b>DOCUMENT # F40210</b>					
1. Entity Name <b>LINVILLE INVESTMENTS, INC.</b>					
Principal Place of Business <b>4622 GALL BLVD % TERRY LINVILLE P.O. BOX 9005 ZEPHYRHILLS, FL 33541-6237</b>			Mailing Address <b>4622 GALL BLVD % TERRY LINVILLE P.O. BOX 9005 ZEPHYRHILLS, FL 33541-6237</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2158919</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LINVILLE, TERRY 4622 GALL BLVD ZEPHYRHILLS, FL 33541</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINVILLE, LOIS		NAME		
STREET ADDRESS	38399 C.R. 54 EAST		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINVILLE, DANNY		NAME	D P S	
STREET ADDRESS	30226 LAURELWOOD LANE		STREET ADDRESS	LINVILLE, DANNY	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543		CITY-ST-ZIP	30226 LAURELWOOD LANE	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINVILLE, TONY		NAME		
STREET ADDRESS	18415 TIMBERLAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINVILLE, JAY		NAME		
STREET ADDRESS	4622 GALL BLVD		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINVILLE, TIMOTHY		NAME		
STREET ADDRESS	37136 LEMON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000.		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINVILLE, TERRY		NAME		
STREET ADDRESS	5215 BERNADETTE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000.		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: <i>Terry Linville</i> VP.			Date: <i>3/22/07</i> Daytime Phone #: <i>(813) 782-1521</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					