

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90029 015 \*\*\*150.00

**DOCUMENT # F98000001186**

1. Entity Name

**LINN PRODUCTS INC.**



Principal Place of Business

**8787 PERIMETER PARK BLVD  
JACKSONVILLE FL 32216  
US**

Mailing Address

**8787 PERIMETER PARK BLVD  
JACKSONVILLE FL 32216  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**22-3501615**

Applied For

Not Applicable

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

**LIVINGSTONE, AVRI  
8787 PERIMETER PARK BLVD.  
JACKSONVILLE FL 32216**

Name **CARROLL, Steve**

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

**8787 Perimeter Park Blvd**

City **JACKSONVILLE**

**FL**

Zip Code **32216**

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

**S P CARROLL SNR VICE PRESIDENT**

**3/17/2004**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME LIVINGSTONE, AVRI  
STREET ADDRESS 4375 RIPKEN CIRCLE EAST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition  
NAME Murphy, Peter  
STREET ADDRESS 17 Smeaton DR  
CITY-ST-ZIP Glasgow, UK G64 3BF

TITLE Vice President ☐ Change ☒ Addition  
NAME CARROLL, Steve  
STREET ADDRESS 3505 West Amanda Court  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE Secretary ☐ Change ☒ Addition  
NAME KERR, MARGARET  
STREET ADDRESS 171 FARNE DRIVE  
CITY-ST-ZIP Glasgow, UK G44 5DN

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

TITLE ☐ Change ☐ Addition  
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 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

**STEVEN P CARROLL**

Date

Daytime Phone #

**3/17/2004 5242**

904-645