


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90039 008 ***150.00

DOCUMENT # H87281	
1. Entity Name LINN'S PRESTIGE KITCHENS, INC.	

Principal Place of Business 218 GREENACRES RD #100 FORT WALTON BEACH, FL 32547	Mailing Address 218 GREENACRES RD #100 FORT WALTON BEACH, FL 32547
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2. Principal Place of Business - No P.O. Box # 218 Greenacres Road	3. Mailing Address 218 Greenacres Road
Suite, Apt. #, etc. Ste. 100	Suite, Apt. #, etc. Ste. 100
City & State Fort Walton Beach, FL	City & State Fort Walton Beach, FL
Zip 32547	Country USA

40000000



01042007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2621063	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LINN, JOHN R. JR. 218 GREENACRES ROAD FORT WALTON BEACH, FL 32548	
7. Name and Address of New Registered Agent Name John R. Linn, Jr. Street Address (P.O. Box Number is Not Acceptable) 783 E. Miracle Strip Pkwy City Mary Esther FL Zip Code 32569	

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, JOHN R. JR. 783 E MIRACLE STRIP PKWY MARY ESTER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, SHERRIE R. 783 E MIRACLE STRIP PKWY MARY ESTER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **John R. Linn, Jr.** Date **4/9/07** Daytime Phone # **(850) 862-6822**