


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90103 035 \*\*\*150.00

<b>DOCUMENT # H87281</b> 1. Entity Name LINN'S PRESTIGE KITCHENS, INC.	
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Principal Place of Business 218 GREENACRES RD STE 100 FORT WALTON BEACH, FL 32547	Mailing Address 218 GREENACRES RD STE 100 FORT WALTON BEACH, FL 32547
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**DO NOT WRITE IN THIS SPACE**

40076000



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2621063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LINN, JOHN R. JR. 783 E. MIRACLE STRIP PKWY MARY ESTHER, FL 32569	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, JOHN R. JR. 783 E MIRACLE STRIP PKWY MARY ESTER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, SHERRIE R. 783 E MIRACLE STRIP PKWY MARY ESTER, FL 32569
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**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ (850) 862-6822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #