

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H97044

1. Entity Name
LINDA'S DESIGN, INC.



FILED

07 MAR 26 AM 9:22

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
861 E. COMMERCIAL BLVD.
FT LAUDERDALE, FL 33334-3241

Mailing Address
861 E. COMMERCIAL BLVD.
FT LAUDERDALE, FL 33334-3241



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2642153

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MOORE, RICHARD
861 E. COMMERCIAL BLVD.
FT LAUDERDALE, FL 33334

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
MOORE, RICHARD
861 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 333343241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
PARRISH, RICHARD
861 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 333343241 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600095885206 ☐ Change ☐ Addition
04/05/07--01030--019 **61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
\$73/30 ☐ Change ☐ Addition

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

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CITY - ST - ZIP
☐ Change ☐ Addition

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

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: *Richard Moore* **RICHARD MOORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07

Date

954-561-5700

Daytime Phone #