

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90060 017 ***158.75

DOCUMENT # J04516

1. Entity Name

LINDA'S DECOR, INC.



Principal Place of Business

600 SE 59TH ST
OCALA FL 34480
US

Mailing Address

600 SE 59TH ST
OCALA FL 34480
US



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

122 S.W. BROADWAY ST.

Suite, Apt. #, etc.

3. Mailing Address

122 S.W. BROADWAY ST.

Suite, Apt. #, etc.

OCALA, FL

1st MOORE

CR2E034 (10/06)

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-2654244

Applied For

Not Applicable

Zip

34474

Country

MARION
USA

Zip

34474

Country

MARION

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMUELS, LINDA R
600 SE 59TH ST
OCALA FL 34480

7. Name and Address of New Registered Agent

Name LINDA'S DECOR, INC. / LINDA R. SAMUELS
Street Address (P.O. Box Number is Not Acceptable)
122 S.W. BROADWAY ST.

City Ocala FL Zip Code 34474

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: LINDA R. SAMUELS

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

2-9-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	SAMUELS, LINDA R	
STREET ADDRESS	600 SE 59TH ST	
CITY- ST- ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAMUELS, LINDA R	
STREET ADDRESS	600 SE 59TH ST	
CITY- ST- ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAMUELS, LINDA R	
STREET ADDRESS	600 SE 59TH ST	
CITY- ST- ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda R. Samuels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-07 352-861-4617

Date

Daytime Phone #