

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # J08240

1. Entity Name

LINN UNIFORMS OF FLORIDA, INC.



Principal Place of Business

1243 E. COLONIAL DRIVE
ORLANDO FL 32803
US

Mailing Address

4601 W. COMANCHE AVENUE
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

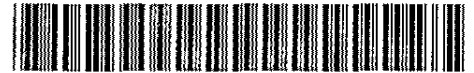
Zip

Country

4. FEI Number 59-2660567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHANNON, JEFFREY C
501 EAST BISCAYNE BLVD
SUITE 1700
TAMPA FL 33602

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LINN, STEPHEN D.
STREET ADDRESS 4601 COMANCHE AVE
CITY-STATE-ZIP TAMPA FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
U00000262144
03/14/05-B0041-006 150.00

TITLE D
NAME LINN, CONSTANCE E.
STREET ADDRESS 4601 W COMANCHE AVE
CITY-STATE-ZIP TAMPA FL 33614 ☐ Delete

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

TITLE VPD
NAME LINN, JEFFREY N.
STREET ADDRESS 4601 COMANCHE AVE
CITY-STATE-ZIP TAMPA FL 33614 ☐ Delete

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

TITLE D
NAME LINN, CRAIG
STREET ADDRESS 4601 W COMANCHE AVE
CITY-STATE-ZIP TAMPA FL 33614 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

2/10/05 813)249-2525
Date Daytime Phone #