

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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E034 (10/04)

4. FEI Number: **59-2660567** Applied For (Not Applicable)
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SHANNON, JEFFREY C
 501 EAST BISCAYNE BLVD
 SUITE 1700
 TAMPA FL 33602**

7. Name and Address of New Registered Agent
 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: _____ (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	
TITLE: PD NAME: LINN, STEPHEN D. STREET ADDRESS: 4601 COMANCHE AVE CITY-STATE-ZIP: TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE: D NAME: LINN, CONSTANCE E. STREET ADDRESS: 4601 W COMANCHE AVE CITY-STATE-ZIP: TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE: VPD NAME: LINN, JEFFREY N. STREET ADDRESS: 4601 COMANCHE AVE CITY-STATE-ZIP: TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE: D NAME: LINN, CRAIG STREET ADDRESS: 4601 W COMANCHE AVE CITY-STATE-ZIP: TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000262144 03/14/05-80041-006 150.00	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: Jeffrey C. Linn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 813)249-2525
 Date Telephone #