

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # J15323

1. Entity Name

LINZER FLOORING, INC.



Principal Place of Business

4821 S.W. 201 TERRACE
FT LAUDERDALE FL 33332

Mailing Address

4821 S.W. 201 TERRACE
FT LAUDERDALE FL 33332

2. Principal Place of Business

6055 - 7TH PLACE

3. Mailing Address

6055 - 7TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FLORIDA

City & State

VERO BEACH, FLORIDA

Zip

32968

Country

INDIAN RIVER

Zip

32968

Country

INDIAN RIVER

4. FEI Number

59-2686741

Applied For

Not Applicable

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

LINZER, M.A.
4821 S.W. 201 TERRACE
FT LAUDERDALE FL 33332

Name

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

6055 - 7TH PLACE

City

VERO BEACH

FL Zip Code

32968

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

ma Linzer

03/17/06

DATE

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

(NOTE: Registered Agent signature required when restating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
LINZER, RONALD G.
4821 S.W. 201 TERRACE
FT LAUDERDALE FL 33332

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6055 7TH PLACE
VERO BEACH, FLORIDA 32968

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 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: *Ronald G Linzer* PST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/06

Daytime Phone #

**FILED
Mar 27, 2006 8:00 am
Secretary of State**

03-27-2006 90279 016 ***150.00

