2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # K31632** 1. Entity Name LINDA H. JORDAN, P.A. Mailing Address Principal Place of Business P.O. BOX 290622 P.O. BOX 290622 **DAVIE, FL 33329 DAVIE, FL 33329** 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0068791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JORDAN, LINDA H. DO NOT WRITE 8332 S.W. 44 PLACE **DAVIE, FL 33328** IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE JORDAN, LINDA H. NAME STREET ADDRESS 8332 S.W. 44 PLACE COY-ST-ZIP DAVIE, FL Unnon0312913 U4/18/05-80101-029 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP MIE NAME STREET ADDRESS CITY-ST-ZIP mr NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 a

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