


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90011 050 \*\*\*150.00

<b>DOCUMENT # K86863</b>	
1. Entity Name LINDA D. SCHOONOVER, P.A.	

Principal Place of Business 370 CENTER POINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 370 CENTER POINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701 US
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**54012355**



2. Principal Place of Business 982 DOUGLAS AVE Suite, Apt. #, etc. Suite 104 City & State ALTAMONTE SPRINGS, FL Zip 32714 Country USA	3. Mailing Address 982 DOUGLAS AVE Suite, Apt. #, etc. Suite 104 City & State ALTAMONTE SPRINGS, FL Zip 32714 Country USA
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01062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2950774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHOONOVER, LINDA D 982 DOUGLAS AVE STE 104 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 D. Schoonover Linda D. Schoonover 2/10/04  
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, 2004 Fee will be \$550.00**

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	DPT SCHOONOVER, LINDA D. 111 HUNTERS TRAIL LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOONOVER, LINDA D. 111 HUNTERS TRAIL LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE: Linda D. Schoonover Linda D. Schoonover 2/10/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone