

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005821

FILED  
Apr 03, 2004  
Secretary of State

Entity Name: LINUX ENTHUSIASTS AND PROFESSIONALS, INC.

## Current Principal Place of Business:

P.O. BOX 944  
PLYMOUTH, FL 32768

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 944  
PLYMOUTH, FL 32768

## New Mailing Address:

FEI Number: 59-3607820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRISON, AARON  
435 ELKWOOD LANE  
ORLANDO, FL 32825 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JONES, ZELIC  
Address: 1225 SHELTER ROCK ROAD  
City-St-Zip: ORLANDO, FL 32835

Title: P ( ) Delete  
Name: BARNETT, PHIL  
Address: 1105 BINION RD  
City-St-Zip: APOPKA, FL 32768

Title: S ( ) Delete  
Name: ASHE, BRIAN  
Address: 3007 WOODRUFF DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: V ( ) Delete  
Name: LANG, MAX F  
Address: 117 RIVER CHASE DR  
City-St-Zip: ORLANDO, FL 32807

Title: T ( ) Delete  
Name: MORRISON, AARON  
Address: 435 ELKWOOD LANE  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: PRINGLE, HALE  
Address: 406 ALCAZAR AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: JONES, F DILLON  
Address: 1225 SHELTER ROCK ROAD  
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change ( ) Addition  
Name: YOUNG, CHRISTOPHER M  
Address: 3838 STONEFIELD DR  
City-St-Zip: ORLANDO, FL 32826

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: LANG, MAX F  
Address: 117 RIVER CHASE DR  
City-St-Zip: ORLANDO, FL 32807

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON MORRISON

T

04/03/2004

Electronic Signature of Signing Officer or Director

Date

JOHN M SIMPSON  
15 WEST SPRUCE STREET  
ORLANDO, FL 32804