

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005821

FILED
Feb 28, 2005
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: V () Delete
Name: JONES, F DILLON
Address: 1225 SHELTER ROCK ROAD
City-St-Zip: ORLANDO, FL 32835

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

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

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

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

Title: T (X) Change () Addition
Name: CONNER, CRAIG
Address: 132 FERN SPRINGS STREET
City-St-Zip: DEBARY, FL 32713

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

Title: S (X) Change () Addition
Name: MORRISON, AARON
Address: 435 ELKWOOD LANE
City-St-Zip: ORLANDO, FL 32825

Title: V (X) Change () Addition
Name: PRINGLE, HALE
Address: 406 ALCAZAR AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: CRAIG CONNER

T

02/28/2005

Electronic Signature of Signing Officer or Director

Date