2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# P00000007780

Entity Name: LINVILLE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4565 SHIRLEY AVE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4565 SHIRLEY AVE
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-3626174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, ALAN M
ALAN M. FISHER, P.A.
6401 SW 87TH AVE., STE. 200
MIAMI, FL 33173 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: PO
Name: LINVILLE, CHARLES W
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VPO
Name: LINVILLE, MARY L
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SVP
Name: LINVILLE, MELISSA M
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SVP
Name: BEASLEY, ELIZABETH L
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP S
Name: BRYAN, JASMINE L
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH L. BEASLEY SVP 01/05/2011

Electronic Signature of Signing Officer or Director — Date