


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90672 005 ***150.00

DOCUMENT # P00000023569			
1. Entity Name A.K.A. LINEMEN, INC.			
Principal Place of Business 2418 CLARO DR. JACKSONVILLE, FL 32211		Mailing Address 2418 CLARO DR. JACKSONVILLE, FL 32211	
2. Principal Place of Business 1264 Ruth Ave Suite, Apt. #, etc.		3. Mailing Address 1264 Ruth Ave. Suite, Apt. #, etc.	
City & State Jax. Beach FL.		City & State Jax. Beach FL.	
Zip 32250	Country U.S.A.	Zip 32250	Country USA
6. Name and Address of Current Registered Agent SNYDER, DAWN R 2418 CLARO DR. JACKSONVILLE, FL 32211		7. Name and Address of New Registered Agent Name: Jason Klein Street Address (P.O. Box Number is Not Acceptable): 1264 Ruth Ave. City: Jacksonville FL Zip Code: 32250	
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: <u>Jason Klein</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/29/04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SNYDER, FRANKLIN M 2418 CLARO DR. JACKSONVILLE, FL 32211 <input checked="" 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	V KLEIN, JASON M 2773 WOOLERY DRIVE JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Klein, Jason M 1264 Ruth Ave Jax. Beach FL. 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jason Klein</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/29/04</u> Daytime Phone #: <u>904-651-5169</u>	

94078846



04292004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3629116
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required