



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000050981 1. Entity Name LINTHICOME ENTERPRISES, INC.			
Principal Place of Business 2108 3RD AVE. CRESTVIEW, FL 32536		Mailing Address 2108 3RD AVE. CRESTVIEW, FL 32536	
DO NOT WRITE IN THIS SPACE			
		 03182004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3654145 Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINTHICOME, ANTHONY J 2108 3RD AVE. CRESTVIEW, FL 32536		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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		000000096327 03/25/04-60024-025 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LINTHICOME, ANTHONY J 2108 3RD AVE. CRESTVIEW, FL 32536	DO NOT WRITE IN THIS SPACE	
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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)(f), 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>Anthony J. Linthicome</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		22 MAR 04 (850) 683-1999 <small>Date Daytime Phone</small>	