2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000050981

1. Entity Name

LINTHICOME ENTERPRISES, INC.



FILED Feb 03, 2006 08:00 AM **Secretary of State**

Principal Place of Business

2108 3RD AVE. CRESTVIEW, FL 32536 Mailing Address

2108 3RD AVE.

CRESTVIEW, FL 32536



01302005

No Chg P

CR2E034 (11/05)

4. FEI Number 59-3654145

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LINTHICOME, ANTHONY J 2108 3RD AVE. CRESTVIEW, FL 32536

STREET ADORLSS CITY-ST-ZIP mil NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the $oldsymbol{ ho}$ ions of registered agent.	urpose of changing its reg	gistered office or re	egistered agent, or bo	th, in the State of Florida.) am familia	r with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title in	applicable. (NOTE Ro	rgistered Agent signature	required when reinstalling)	DATE	·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		1100000419202 02/14/06-80038-001	158.75		
10.	OFFICERS AND DIREC	CTORS			<u> </u>		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PSTD LINTHICOME, ROSALEE L 2108 3RD AVE. CRESTVIEW, FL 32536				**************************************	t man to an army and	
TITLE MANE STREET ADDRESS CTTY-ST-AIP	VP LINTHICOME, ANTHONY J 2108 3RD AVE CRESTVIEW, FL 32536						
HILE NAME SIRELI ADDRESS GRY-SI-ZIP				DO	NOT WRITE	·	
BILE NAME SIBLET ADDRESS CITY-SI-DR				IN .	THIS SPACE		
THLE							

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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 path; 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 altachment with an address, with all other like empowered.