


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000052579	
1. Entity Name LINGEO, INC.	

Principal Place of Business
1703 BRISTOL AVE. W.
TAMPA, FL 33606

Mailing Address
1703 BRISTOL AVE. W.
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3654902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HIGGS, LINDA S
1703 BRISTOL AVE. W.
TAMPA, FL 33606

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIGGS, GEORGE D
STREET ADDRESS	1703 BRISTOL AVE. W.
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	D
NAME	HIGGS, LINDA S
STREET ADDRESS	1703 BRISTOL AVE. W.
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000315133
04/19/05-80017-016 150.00

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IN THIS SPACE**

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: Linda S. Higgs 4/11/05 813-223-6605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #