2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000115680

1. Entity Name
LINTON LOGGING, INC.

Principal Place of Business	Mailing Address
5789 256TH ST. BRANFORD, FL 32008	PO BOX 233 BRANFORD, FL 32008

01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3688441
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINTON, ROBERT LAMAR
5789 256TH ST.
BRANFORD, FL 32008

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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 _____ DATE
Signature of new or additional registered agent (if applicable) (CR2E1 Registered Agent signature required when changed)

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	PD
NAME	LINTON, ROBERT LAMAR
STREET ADDRESS	5789 256TH ST.
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	VD
NAME	LINTON, LINDA GAYLE
STREET ADDRESS	5789 256TH ST.
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	TSD
NAME	WORTHINGTON, DALEANN L
STREET ADDRESS	211 NE 2ND ST.
CITY-ST-ZIP	JASPER, FL 32052
TITLE	D
NAME	LINTON, R. CHRISTOPHER
STREET ADDRESS	25208 STATE RD. 247
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	D
NAME	LINTON, JERRETTE L
STREET ADDRESS	6604 NW CR 251
CITY-ST-ZIP	MAYO, FL 32066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/05-80045-023 150.00

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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)(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 G Linton January 24, 05 386 792 1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone #