2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000118020 1. Enitly Name LINUX SYSTEMS ENGINEERS, INC.									05-0)3-20	004 90430	028 ***	150.00
Principal Place of Business Mailing Address 818 HI LO WAY TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308						US		f Add Hamel In			11 6 1 246 2 11891 1844		HBB (11 1 4 1 1)
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			-	Suite, Apt. #, etc.				04302004	Chg-P		CR2E03	4 (10/03)	
City & State				City & State				4. FEI Numb 59-369					plied For t Applicable
Zip Country				Zip Count				5. Certificate of Status Desired S8.75 Additional Fee Required					
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
MODODY	~ - ~	 M		-		Name							
MCRORY, ANDREW W 1660-5 N. MONROE ST. TALLAHASSEE, FL 32303						Street Address (P.O. Box Number is Not Acceptable)							
5 1						City Tallahassee					FL Zin Code 32308		
	named entit ions of regis	ly submits this statement tered agent.	nt for the p	ourpose of changing its	register	ed office or	register	ed agent, or bo	oth, in the Sta	te of F	lorida. I am fa		
Signature-	Signature, typed	or printed name of registered a	gent and title	it applicable. (NOT	E. Registere	ed Agent signat	ure required	when reinstating)			DATE		
FIL		FEE IS \$150.00 4 Fee will be \$55	0.00	9. Election Campa Trust Fund Cont				.00 May Be ed to Fees					
10.		OFFICERS A	ND DIRE	CTORS	11.			ADDITIONS	/CHANGES	TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	1660-5 N	(, ANDREW W . MONROE ST. ASSEE, FL 32303		☐ Delete			818	Pary, Hilo W la hassa	ay		ฟ 32307	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE NAME STREET ADDRESS CITY-ST-7IP				□ Delete							1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	☐ Addition
of the co	l on this repo rporation or t	ne information supplied ort or supplemental repo the receiver or trustee e tachment with an addre	ort is true Impowere	and accurate and that d to execute this report	my signa t as requ	ature shall h	have the	same legal effe	ct as if made	: undei	r oath: that I a	n an officer	or director

Katherine R. WCROry OR DIRECTOR