

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000118020

1. Entity Name
LINUX SYSTEMS ENGINEERS, INC.



Principal Place of Business
818 HI LO WAY
TALLAHASSEE, FL 32308 US

Mailing Address
818 HI LO WAY
TALLAHASSEE, FL 32308 US

FILED

05 MAY -2 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3697999

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCRORY, ANDREW W
818 HI LO WAY
TALLAHASSEE, FL 32308

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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 MCRORY, ANDREW W
STREET ADDRESS 818 HI LO WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME MCRORY, KATHERINE R
STREET ADDRESS 818 HI LO WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

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500054007545
05/06/05--01054--012 **158.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/05