

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000121183 1. Entity Name THE THREE LINS, INC.	
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Principal Place of Business 401 W BURLEIGH BLVD TAVARES, FL 32778	Mailing Address 401 W BURLEIGH BLVD TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0548188	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACHAMER, MELINDA L 401 W BURLEIGH BLVD TAVARES, FL 32778

**DO NOT WRITE
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.

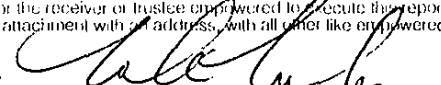
SIGNATURE _____
(Signature of registered agent, or registered agent, and if not applicable, (DROFF) Registered Agent or separate registered agent)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000671249 03/28/07-80021-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MACHAMER, MELINDA L 401 W BURLEIGH BLVD TAVARES, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MACHAMER, MELISSA L 401 W BURLEIGH BLVD TAVARES, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **3/9/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR