

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121293

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** LINERS PLUS, INC.

**Current Principal Place of Business:**

16079 70TH STREET NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 212462  
ROYAL PALM BEACH, FL 33421

**New Mailing Address:**

**FEI Number:** 90-0017169      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KURTZ, JOHN  
1280 NORTH CONGRESS AVENUE  
107  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HASTINGS, JEFFREY  
**Address:** PO BOX 212462  
**City-St-Zip:** ROYAL PALM BEACH, FL 33421 US

**Title:** T  
**Name:** HASTINGS, PAT  
**Address:** PO BOX 212426  
**City-St-Zip:** ROYAL PALM BEACH, FL 33421

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAT HASTINGS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

02/27/2012

\_\_\_\_\_ Date