2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000001951

1. Entity Name
LINDA S. THOMPSON, P.A.

Principal Place of Business	Mailing Address
11610 W. CLAYTON DR. HOMOSASSA, FL 34448	P.O. BOX 101 HOMOSASSA, FL 34487-0101

DO NOT WRITE IN THIS SPACE

04152005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
30-0002782	Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, LINDA
11610 W. CLAYTON DR.
HOMOSASSA, FL 34448

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 _Linda S. Thompson_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE 4/18/05

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	THOMPSON, LINDA S
STREET ADDRESS	11610 W. CLAYTON DR.
CITY-ST-ZIP	HOMOSASSA, FL 34448

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 J. Thompson_ LINDA S. Thompson 4/18/05   352-628-5675
Call 352-422-558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #