

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90041 012 ***150.00

DOCUMENT # P02000007980					
1. Entity Name LINSRING & ASSOCIATES, INC.					
Principal Place of Business 1120 CAROL AVE. TITUSVILLE, FL 32780-3963			Mailing Address 1120 CAROL AVE. TITUSVILLE, FL 32780-3963		
2. Principal Place of Business 3646 SAND CT <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 727 <small>Suite, Apt. #, etc.</small>			
City & State MIMS, FL		City & State MIMS, FL		4. FEI Number 26-0007943	
Zip 32754		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRINGER, LINDA 1120 CAROL AVE. TITUSVILLE, FL 32780-3963			7. Name and Address of New Registered Agent Name Springer, Linda Street Address (P.O. Box Number is Not Acceptable) 3646 SAND COURT City MIMS FL Zip Code 32754		
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 Springer, President 1-19-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME SPRINGER, LINDA STREET ADDRESS 1120 CAROL AVE. CITY-ST-ZIP TITUSVILLE, FL 327803963	<input type="checkbox"/> Delete		TITLE President NAME Springer, Linda STREET ADDRESS 3646 SAND CT CITY-ST-ZIP MIMS, FL 32754	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SPRINGER, KENNETH STREET ADDRESS 1120 CAROL AVE. CITY-ST-ZIP TITUSVILLE, FL 327803963	<input type="checkbox"/> Delete		TITLE Vice President NAME Springer, Kenneth STREET ADDRESS 3646 SAND CT CITY-ST-ZIP MIMS, FL 32754	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Springer, President 1-19-04 321-383-8171 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					