

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90029 013 \*\*\*158.75

**DOCUMENT # P02000008361**

1. Entity Name

LINN MILLER INC.



Principal Place of Business

217 HENDRICKS ISLE  
SUITE 501  
FT. LAUDERDALE FL 33301

Mailing Address

790 BAYSIDE LN  
WESTON FL 33326

2. Principal Place of Business

2477 POINCIANA COURT

Suite, Apt. #, etc.

3. Mailing Address

2477 POINCIANA COURT

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

WESTON, FLORIDA

Zip  
33327

Country  
U.S.A.

City & State

WESTON, FLORIDA

Zip  
33327

Country  
U.S.A.

4. FEI Number

03-0378960

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DEBORAH  
LINN-MILLER, INC  
790 BAYSIDE LN  
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

DEBORAH-MILLER; LINN-MILLER, INC.

Street Address (P.O. Box Number is Not Acceptable)

2477 POINCIANA COURT

WESTON, FL

City

FL

Zip Code

33327

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

Deborah Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME OSNES, LINN  
STREET ADDRESS 217 HENDRICKS ISLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D ☐ Delete  
NAME MILLER, DEBORAH  
STREET ADDRESS 790 BAYSIDE LANE  
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME MILLER, DEBORA  
STREET ADDRESS 2477 POINCIANA COURT  
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Deborah Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

Date

(954) 384-1092

Daytime Phone #