


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000019870		
1. Entry Name LINDA'S STANDING OVATIONS, INC.		

Principal Place of Business 2340 STATE ROAD 580 STE. 1 CLEARWATER, FL 33763	Mailing Address 2340 STATE ROAD 580 STE. 1 CLEARWATER, FL 33763
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DO NOT WRITE IN THIS SPACE



04222005 No. Chg-P CR2E034 (10/03)

4. FEI Number 02-0553678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  KLOSS, LINDA 2340 STATE ROAD 580 CLEARWATER, FL 33763
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KLOSS, LINDA 2340 STATE ROAD 580 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ALLEN, GRANT W 10835 NEW BRIGHTON COURT NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KLOSS, LINDA 2340 STATE ROAD 580 CLEARWATER, FL 33763
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04/29/05-80062-002 150.00

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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)(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: Grant W. Allen GRANT W. ALLEN 4/26/05 796-8877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #