

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000019870**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2ED34 (10/05)

4. FEI Number

02-0553678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLOSS, LINDA  
2340 STATE ROAD 580  
CLEARWATER FL 33763

Name

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

City

**FL**

Zip Code

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 Agents signature required when reinstating)

DATE

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

**After May 1, 2006 Fee Will Be \$550.00**

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

9. Election Campaign Financing

**\$5.00** May C

Trust Fund Contribution, ☐

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME KLOSS, LINDA  
STREET ADDRESS 2340 STATE ROAD 580  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☐ Add  
NAME **XXXXXXXXXX391243**  
STREET ADDRESS **01/24/06-80033-008 150.00**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS ALLEN, GRANT W  
CITY-ST-ZIP 10835 NEW BRIGHTON COURT  
NEW PORT RICHEY FL 34654

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS KLOSS, LINDA  
CITY-ST-ZIP 2340 STATE ROAD 580  
CLEARWATER FL 33763

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ALLEN, GRANT W  
CITY-ST-ZIP 10835 NEW BRIGHTON COURT  
NEW PORT RICHEY FL 34654

TITLE ☐ Change ☐ Add  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 H. Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06  
Date

727-796-8811  
Daytime Phone #