


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 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
--	--

DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0553678	Applied For 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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000948133 06/02/08-80042-021 150.00
---	--	--

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

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Linda Kloss **4/30/08**

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