## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000071426 **FILED** 1. Entity Name LINNEA'S CLEANING SERVICE, INC. Jul 07, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 502 129TH ST. NE 502 129TH ST. NE BRADENTON, FL 34212 BRADENTON, FL 34212 07032008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0725010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLIOTT, LINNEA DO NOT WRITE 502 129TH ST NE **BRADENTON, FL 34212** 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. PSTO TITLE NAME ELLIOTT, LINNEA 502 129TH ST. NE STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 VD U00000953528 07/07/08-80001-019 158.75 TITLE ELLIOTT, ROBERT R NAME STREET ADDRESS 502 129TH ST. NE CITY-ST-ZIP BRADENTON, FL 34212 TITLE NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITL F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/08

941-747-8488

Daytime I