

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90011 041 \*\*\*150.00



**DOCUMENT # P02000117243**

1. Entity Name

LINENHALL INVESTMENTS USA, INC.

Principal Place of Business

Mailing Address

ECCLESTON PADDOCKS, ECCLESTON, CHESTE ECCLESTON PADDOCKS, ECCLESTON, CHESTE  
 CCH4 9HP CCH4 9HP  
 UNITED KINGDOM UNITED KINGDOM  
 OC OC

**54018310**



MOORE CR2E034 (11/03)

2. Principal Place of Business

**134 BOUGHTON**

3. Mailing Address

**134 BOUGHTON**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CHESTER**

City & State

**CHESTER**

4. FEI Number

**13-4209189**  
**AP-PLIED FOR**

Applied For

Not Applicable

Zip

**CH3 5BP**

Country

**UK**

Zip

**CH3 5BP**

Country

**UK**

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

**CONROY, J THOMAS**  
**2640 GOLDEN GATE PKWY STE 114**  
**NAPLES FL 34105**

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 Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	BARROW, WILLIAM JOHN T
STREET ADDRESS	45 HADLOW RD, WILLASTON, NESTON, CHESHIRE
CITY-ST-ZIP	CH64 2UG, UNITED KINGDOM
TITLE	D <input type="checkbox"/> Delete
NAME	STANANOUGHT, LESLEY JANE
STREET ADDRESS	ECCLESTON PADDOCKS, ECCLESTON, CHESTER
CITY-ST-ZIP	CH4 9HP, UNITED KINGDOM
TITLE	D <input type="checkbox"/> Delete
NAME	LAPPIN, LAWRENCE
STREET ADDRESS	257 BAREFOOT BCH BLVD #204
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	LAPPIN, CAROLYN
STREET ADDRESS	257 BAREFOOT BCH BLVD #204
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	OLDAK, JILL
STREET ADDRESS	1700 DOLPHIN CT
CITY-ST-ZIP	NAPLES FL 34102
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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:** *Lesley Jane Stananought*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-04**

Date

Daytime Phone #