

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

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

Mailing Address

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

54018310



MOORE CR2E034 (11/03)

2. Principal Place of Business

134 BOUGHTON

Suite, Apt. #, etc.

3. Mailing Address

134 BOUGHTON

Suite, Apt. #, etc.

City & State

CHESTER

City & State

CHESTER

4. FEI Number

13-4209189
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE D ☐ Delete
NAME BARROW, WILLIAM JOHN T
STREET ADDRESS 45 HADLOW RD, WILLASTON, NESTON, CHESHIRE
CITY-ST-ZIP CH64 2UG, UNITED KINGDOM

TITLE D ☐ Delete
NAME STANANUGHT, LESLEY JANE
STREET ADDRESS ECCLESTON PADDOCKS, ECCLESTON, CHESTER
CITY-ST-ZIP CH4 9HP, UNITED KINGDOM

TITLE D ☐ Delete
NAME LAPPIN, LAWRENCE
STREET ADDRESS 257 BAREFOOT BCH BLVD #204
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Delete
NAME LAPPIN, CAROLYN
STREET ADDRESS 257 BAREFOOT BCH BLVD #204
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Delete
NAME OLDAK, JILL
STREET ADDRESS 1700 DOLPHIN CT
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-04