

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000023522

1. Entity Name
LINEAR SOLUTIONS, INC.



Principal Place of Business
**4940 EMERSON ST.
SUITE 107
JACKSONVILLE, FL 32207 US**

Mailing Address
**1417 PINETREE RD.
JACKSONVILLE, FL 32207 US**



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
42-1578007

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOGAN, JEFFREY S
1417 PINETREE RD
JACKSONVILLE, FL 32207**

**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

Signature typed or printed name of registered agent and title if applicable

NOTES: Registered Agent signature required when re-instating

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**000000332142
04/26/05-80046-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
BOGAN, JEFFREY S
1417 PINETREE RD.
JACKSONVILLE, FL 32207**

TITLE
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CITY ST ZIP

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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 #