


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90056 015 \*\*\*150.00

**DOCUMENT # P03000027181**

1. Entity Name  
**LINXWILER CONSULTING SERVICES, INC.**



Principal Place of Business  
**340 N. ORANGE AVENUE - SUITE A**  
**ORLANDO, FL 32801**

Mailing Address  
**340 N. ORANGE AVENUE - SUITE A**  
**ORLANDO, FL 32801**

**50032736**



2. Principal Place of Business  
**550 Bumby Avenue**  
 Suite, Apt. #, etc.  
**Suite 110**  
 City & State  
**Orlando, FL**

3. Mailing Address  
**550 Bumby Avenue**  
 Suite, Apt. #, etc.  
**Suite 110**  
 City & State  
**Orlando, FL**

03162005 Chg-P CR2E034 (10/03)

4. FEI Number  
**72-1557425**

Applied For  
 Not Applicable

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

Zip Country Zip Country  
**32803 USA 32803 USA**

6. Name and Address of Current Registered Agent

**LINXWILER, JOSEPH N JR**  
**340 N. ORANGE AVENUE - SUITE A**  
**ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**550 Bumby Avenue**

**Suite 110**

City **Orlando,** FL Zip Code **32803**

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, 2005 Fee will be \$550.00**

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	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LINXWILER, JOSEPH N JR		NAME	
STREET ADDRESS 340 N. ORANGE AVENUE - SUITE A		STREET ADDRESS 550 Bumby Avenue, Suite 110	
CITY-ST-ZIP ORLANDO, FL 32801		CITY-ST-ZIP Orlando, FL 32803	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **3/28/05** **407-770-0207**

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