



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90068 008 ***150.00

DOCUMENT # P03000046073 1. Entity Name LIN MING TREE INCORPORATED																											
Principal Place of Business 1435 E. LAFAYETTE STREET TALLAHASSEE, FL 32301		Mailing Address 1435 E. LAFAYETTE STREET TALLAHASSEE, FL 32301																									
2. Principal Place of Business - No P.O. Box # 1435 E. LAFAYETTE ST.		3. Mailing Address 1435 E. LAFAYETTE ST.																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL																									
Zip 32301		Zip 32301																									
Country LEON		Country LEON																									
6. Name and Address of Current Registered Agent DE SHUI LIN 1435 E. LAFAYETTE STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LIN, GUO																									
Date 3/25/08		Daytime Phone #																									

40042099



02252008 Chg-P CR2E034 (12/06)

4. FEI Number **32-0078221** Applied For ☐ Not Applicable ☐

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