

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052768

Entity Name: LINDA'S BOUTIQUE INC.

FILED  
Mar 08, 2010  
Secretary of State

## Current Principal Place of Business:

LINDA'S BOUTIQUE  
110 W BALL ST  
PLANT CITY, FL 33563

## New Principal Place of Business:

## Current Mailing Address:

110 W BALL ST  
PLANT CITY, FL 33563

## New Mailing Address:

LINDA'S BOUTIQUE  
110 W BALL ST  
PLANT CITY, FL 33563

FEI Number: 75-3116107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOYLE, MARIA O  
706 N GORDON ST  
PLANT CITY, FL 33563 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP  
Name: DOYLE, MARIA O  
Address: 706 N GORDON ST  
City-St-Zip: PLANT CITY, FL 33563

Title: D  
Name: GARCIA, IRMA  
Address: 3103 MURRAY FARMS LOOP  
City-St-Zip: PLANT CITY, FL 33566

Title: O  
Name: GARCIA, MARTIN  
Address: 3103 MURRAY FARMS LOOP  
City-St-Zip: PLANT CITY, FL 33566

Title: O2  
Name: DOYLE, JAMES  
Address: 706 N GORDON ST  
City-St-Zip: PLANT CITY, FL 33563

Title: O3  
Name: RANGEL, NOE  
Address: 706 N. GORDON ST  
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA DOYLE

DP

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date