2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P03000098944 1. Entity Name LINDA MILLHOLEN, INC.							04-25-2005 90292 027 ***150.00				
Principal Place of Business Mailing Address											
811 W EUCL DELAND, FL	-			811 W EUCLID AVE Deland, FL 32720							
Principal Place of Business			3. Mailing Add	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			04192005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State	City & State			4. FEI Number 87-0711				oplied For ot Applicable
Zip	1.	Country	· Zip	Co	untry		5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent Name							7. Name and Address of New Registered Agent				
MILLHOLEN, LINDA 811 W EUCLID AVE						Street Address (P.O. Box Number is Not Acceptable)					
DELAND, FL 32720											
						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 LINDS MILLIONS SI registered agent. SIGNATURE LINDS MILLIONS AUGUST MULTIPLES MULTIPLES MILLIONS MALE MULTIPLES MILLIONS MALE MULTIPLES MALE MALE MALE MALE MALE MALE MALE MALE											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS A	ND DIRECTORS	1	1,		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET AODRESS CITY-ST-ZIP	D MILLHOLEN 811 W EUCI DELAND, FL	ID AVE		N S	TLE Ame Treet address TY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete TIT NAI STF		OE SE	EALD M W. EVO LAND, N	ILLHOLI LIP AVI	E 20	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N 5	TLE AME TREET ADDRESS TY-ST-ZIP					☐ Change	☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N.	TLE AME TREET ADORESS TY-ST-ZIP				-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2. N	TLE AME Treet address Ty-St-Zip					Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				Na Si	TLE AME REET ADDRESS TY-ST-ZIP					Change	Addition
12. I hereby	f on this report o	r supplemental repo	with this filing does no ort is true and accurate impowered to execute	t qualify for the e	kemption state	ave the s	ame legal effect a	as if made under o	oath; that I a	m an officer	or director

Linda Millholen