2005 FOR PROFIT CORPORATION

SIGNATURE:

Mar 10, 2005 8:00 am Secretary of State ANNUAL REPORT 03-10-2005 90144 047 ***150.00 **DOCUMENT # P03000147393** 1. Entity Name LINN ENTERPRISE, INC. 40030054 Mailing Address Principal Place of Business 1311 NE 17TH AVE. 1311 NE 17TH AVE. GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 2. Principal Place of Business 3. Mailing Address 0525 NW2 10525 NW 200 Suite, Apt. #, etc. 03072005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 74-3111318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent eomord Linn LINN, LEONARD Box Number is Not Acceptable) 1311 NE 17TH AVE GAINESVILLE, FL 32609 City Alachua 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 familia the obligations of pagistered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE D Delete TITLE ☐ Change Addition LINN, ZINA NAME NAME 1311 NE 17TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-70 GAINESVILLE, FL 32609 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE Leonard Linn 10525 NW 206th Ave. LINN, LEONARD NAME STREET ADDRESS 1311 NE 17TH AVE. STREET ADDRESS Alachua FL 32615 GAINESVILLE, FL 32609 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TETLE TITLE 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.

FILED

Daytime Phone #

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