



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/6/2005-90133-027-\$550.00-\$550.00

DOCUMENT # P04000004126 1. Entity Name NAUTICAL LINDA, INC.						FILED 05 OCT 11 PM 12:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business 5251 PARK STREET, NORTH ST. PETERSBURG FL 33709 US				Mailing Address 5251 PARK STREET, NORTH ST. PETERSBURG FL 33709 US					
2. Principal Place of Business		3. Mailing Address		2nd MOORE CR2E034 (5/05) 4. FEI Number 20-0564006 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>				Applied For	Not Applicable
Applied For									
Not Applicable									
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent									
-CLINGER, HOWARD L 5251 PARK STREET, NORTH ST. PETERSBURG FL 33709				7. Name and Address of New Registered Agent					
				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____									
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD CLINGER, HOWARD L 5251 PARK STREET, NORTH ST. PETERSBURG FL 33709 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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: <u>Howard L. Clinger</u> HOWARD L. CLINGER				Date: <u>8/25/05</u> 727-548-9505					