2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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1. Entity Nan	ne	# P0400000412				FILE	Đ			
NAUTICAL LINDA, INC.							05	OCT 11	PH 12	2: 39
Principal Plac	e of Busines	s								
5251 PARK ST. PETERS US	STREET, N SBURG FL 3	ORTH 3709	5251 PARK STREET, NORTH ST. PETERSBURG FL 33709 US							
2. Principal F	Place of Busin	ness	3. Mailing Address			i		2 2411 0 2111 20111 BLD1	IN HEIGH II STEEL	Rijedi w war
Suite, Apt. #, etc.			Suite, Apt. #, etc.			2n	d MOORE	CR2E034	(5/05)	
City & State			City & State			4. FEI Numb	-05640	206		pplied For of Applicable
Zip Country			Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current		7. Name and	Address of New R	egistered Agr	ent			
525	ii Park 9	DWARD L STREET, NORTH BURG FL 33709			Name Street Address (F	(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:	Signature, typed	or printed name of registered agent a	nd trie il application (NOTE	- Rametere	d ånerd salinaken innivieri	when remains and		DATE		
Signature, hyped or printed earner or registered agent and title if applicable (NOTE Registered Agent signature required when reinstelling) FILE NOW!!! FEE IS:\$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 DUE BY September 7; 2005 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 Just fee. By checking this box, the corporation certifies it										
		Florida Department of		-	ce. Fee to file is \$1:		Trust Fund Con	tribution.		ed to Fees
10.		OFFICERS AND D		11.	·		CHANGES TO OFF	CEDS AND D	DECTOR	e iki + i
TITLE	PTSD Delete				:	ADDITIONS	CHANGES TO OFF		Change	Addition
NAME	1	HOWARD L		NAM	- I			_	,	
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THILE			☐ Delete	TITLE					Change	Addition
NAME CIDEET ADDRESS	į į			NAME						-
STREET ADDRESS CITY-ST-ZIP				CITY-	T ADDRESS ST-ZIP					
12. I hereby certify that the information supplied with this filling 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: HOWARD L. CLINGER 8/25/05 727-548-9505 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Description Promise										