

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000039294

Entity Name: BOB LINN, INC.

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

218 GREEN ACRES RD.  
FT WALTON BEACH, FL 32547

## **New Principal Place of Business:**

218 GREEN ACRES RD.  
SUITE 100  
FT WALTON BEACH, FL 32547

## **Current Mailing Address:**

218 GREEN ACRES RD.  
FT WALTON BEACH, FL 32547

## **New Mailing Address:**

218 GREEN ACRES RD.  
SUITE 100  
FT WALTON BEACH, FL 32547

FEI Number: 20-0815922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LINN, JOHN R JR.  
218 GREEN ACRES RD.  
FT WALTON BEACH, FL 32547 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

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LINN, JOHN R JR.  
Address: 218 GREEN ACRES RD.  
City-St-Zip: FT WALTON BEACH, FL 32547

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: JOHN R LINN JR

DIR

03/16/2011

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

\_\_\_\_\_  
Date