

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072064

Entity Name: LINEAR RX, INC.

FILED
Jul 10, 2005
Secretary of State

Current Principal Place of Business:

4940 EMERSON STREET, SUITE 107
JACKSONVILLE, FL 32207

New Principal Place of Business:

4940 EMERSON STREET, SUITE 103
JACKSONVILLE, FL 32207

Current Mailing Address:

4940 EMERSON STREET, SUITE 107
JACKSONVILLE, FL 32207

New Mailing Address:

PO 10890
JACKSONVILLE, FL 32247

FEI Number: 68-0584592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGAN, JEFFREY S
1417 PINETREE RD.
JACKSONVILLE, FL 32207 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOGAN, JEFFREY S
Address: 4940 EMERSON STREET, SUITE 107
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JEFF BOGAN

P

07/10/2005

Electronic Signature of Signing Officer or Director

Date