

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90049 050 ***150.00

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1. Entity Name
LINT OUT, INC.



Principal Place of Business
6200 ASTORIA AVE.
FORT MYERS, FL 33905 US

Mailing Address
6200 ASTORIA AVE.
FORT MYERS, FL 33905 US



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1102060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURKE, MATTHEW K
6200 ASTORIA AVE.
WEST PALM BEACH, FL 33405

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BURKE, LAURIE A
STREET ADDRESS 5113 BUTTE STREET
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE VP
NAME BURKE, LORIE A
STREET ADDRESS 5113 BUTTE STREET
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE SEC.
NAME BURKE, LORIE A
STREET ADDRESS 5113 BUTTE STREET
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE TREA
NAME BURKE, LORIE A
STREET ADDRESS 5113 BUTTE STREET
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE D
NAME BURKE, MATTHEW K
STREET ADDRESS 5113 BUTTE ST
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Laurie A Burke *Lorie A Burke* 01/18/2008 239-332-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #