

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000075277

1. Entity Name
LINT OUT, INC.



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

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

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

01122008 No Chg-P CR2E034 (11/05)



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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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

19. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BURKE, LAURIE A 5113 BUTTE STREET LEHIGH ACRES, FL 33971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BURKE, LORIE A 5113 BUTTE STREET LEHIGH ACRES, FL 33971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC. BURKE, LORIE A 5113 BUTTE STREET LEHIGH ACRES, FL 33971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA BURKE, LORIE A 5113 BUTTE STREET LEHIGH ACRES, FL 33971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURKE, MATTHEW K 5113 BUTTE ST LEHIGH ACRES, FL 33971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 544-1424