

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075277

FILED
Jan 24, 2009
Secretary of State

Entity Name: LINT OUT, INC.

Current Principal Place of Business:

6200 ASTORIA AVE.
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

6200 ASTORIA AVE.
FORT MYERS, FL 33905 US

New Mailing Address:

FEI Number: 20-1102060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BURKE, MATTHEW K
6200 ASTORIA AVE.
FORT MYERS, FL 33905 US

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:

01/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURKE, LAURIE A
Address: 5113 BUTTE STREET
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP () Delete
Name: BURKE, LORIE A
Address: 5113 BUTTE STREET
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: SEC. () Delete
Name: BURKE, LORIE A
Address: 5113 BUTTE STREET
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: TREA () Delete
Name: BURKE, LORIE A
Address: 5113 BUTTE STREET
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: D () Delete
Name: BURKE, MATTHEW K
Address: 5113 BUTTE ST
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURKE, LORIE A
Address: 6200 ASTORIA AVENUE
City-St-Zip: FORT MYERS, FL 33905 US

Title: VP (X) Change () Addition
Name: BURKE, LORIE A
Address: 6200 ASTORIA AVENUE
City-St-Zip: FORT MYERS, FL 33905 US

Title: SEC. (X) Change () Addition
Name: BURKE, LORIE A
Address: 6200 ASTORIA AVENUE
City-St-Zip: FORT MYERS, FL 33905 US

Title: TREA (X) Change () Addition
Name: BURKE, LORIE A
Address: 6200 ASTORIA AVENUE
City-St-Zip: FORT MYERS, FL 33905 US

Title: D (X) Change () Addition
Name: BURKE, MATTHEW K
Address: 6200 ASTORIA AVENUE
City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORIE A. BURKE

P

01/24/2009

Electronic Signature of Signing Officer or Director

Date