


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90296 008 \*\*\*150.00

<b>DOCUMENT # P04000116427</b> 1. Entity Name <b>LINRON INC.</b>					
Principal Place of Business <b>3509 MALONA DRIVE ORLANDO, FL 32837</b>			Mailing Address <b>3509 MALONA DRIVE ORLANDO, FL 32837</b>		
2. Principal Place of Business <b>3509 MALONA DRIVE</b>		3. Mailing Address <b>3509 MALONA DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>		4. FEI Number <b>20-1624931</b>	
Zip <b>32837</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32837</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>SCHIEVETTA, LINDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3509 MALONA DRIVE</b> City <b>ORLANDO FL</b> Zip Code <b>32837</b>	
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 <u><i>Linda Schiavetta</i></u> <b>LINDA SCHIAVETTA, PRESIDENT</b> <b>4/14/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHIEVETTA, LINDA 3509 MALONA DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHIEVETTA, RONALD 3509 MALONA DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Linda Schiavetta</i></u> <b>LINDA SCHIAVETTA</b> <b>4/14/05</b> <b>407-888-2833</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					