

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000116427

Entity Name: LINRON INC.

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

602 MULBERRY AVE  
2101  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

602 MULBERRY AVE  
2101  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 20-1624931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIAVETTA, LINDA L PRES  
602 MULBERRY AVENUE  
2101  
CELEBRATION, FL 34747 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SCHIAVETTA, LINDA  
Address: 602 MULBERRY AVENUE, #2101  
City-St-Zip: CELEBRATION, FL 34747

Title: VT  
Name: SCHIAVETTA, RONALD  
Address: 602 MULBERRY AVENUE, #2101  
City-St-Zip: OCELEBRATION, FL 34747

I hereby 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 all other like empowered.

SIGNATURE: LINDA SCHIAVETTA

PSD

04/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date