2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000125808

1. Entity Name

JOAN LINO REAL ESTATE, P.A.



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

704 CADIZ ROAD

VENICE, FL 34285 US Mailing Address

704 CADIZ ROAD

VENICE, FL 34285 US



02122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1573697

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ADDISON, MICHAEL C 400 N. TAMPA ST. SUITE 1100

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33602			IN THIS OF AGE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or re	egistered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little i	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LINO, JOAN 704 CADIZ ROAD VENICE, FL 34285				U00000704434 04/23/07-80011-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			!		04725707-60011-002 130.00
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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

941-416-0140