

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90402 030 ***158.75

DOCUMENT # P04000130171

1. Entity Name

CIRCLE LINEN, INC.



Principal Place of Business

657 SW 9TH TERRACE
POMPAÑO BEACH FL 33069
US

Mailing Address

657 SW 9TH TERRACE
POMPAÑO BEACH FL 33069
US

2. Principal Place of Business

657 SW 9TH TERRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH

City & State

POMPAÑO BEACH

Zip

33069

Country

FLORIDA

Zip

33069

Country

FLORIDA

1st MOORE

CR2E034 (10/05)

4. FEI Number

02-0730706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORESH, RONNIE

~~6662 VILLA SONRISA DR~~
~~311~~
~~BOCA RATON FL 33433~~

Ronnie Goresch
6181 Balboa Circle
#401
Boca Raton, FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GORESH, RONNIE
STREET ADDRESS ~~6662 VILLA SONRISA DR #311~~
CITY-ST-ZIP ~~BOCA RATON FL 33433~~
☐ Delete
Ronnie Goresch
6181 Balboa Circle
#401
Boca Raton, FL 33433

TITLE VP
NAME CUNNINGHAM, KEITH
STREET ADDRESS 5030 STAGECOACH DR
CITY-ST-ZIP COCONUT CREEK FL 33073
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

RONNIE GORESH

3/14/06

Date

Daytime Phone #