

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90025 023 \*\*\*150.00

<b>DOCUMENT # P05000124289</b> 1. Entity Name <b>LINEAR VISION, INC.</b>					
Principal Place of Business <b>P O BOX 18 CANDLER, FL 32111</b>			Mailing Address <b>P O BOX 18 CANDLER, FL 32111</b>		
2. Principal Place of Business - No P.O. Box # <b>326 BAHIA CIRCLE</b> Suite, Apt. #, etc.			3. Mailing Address <b>P O Box 18</b> Suite, Apt. #, etc.		
City & State <b>OCALA FL</b>		City & State <b>CANDLER FL</b>		4. FEI Number <b>20-3467678</b>	
Zip <b>34472</b>		Country <b>MARION</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PITTS, AMY LYNNE 13110 NE 7TH LOOP SILVER SPRINGS, FL 34488</b>				7. Name and Address of New Registered Agent Name <b>PITTS, AMY LYNNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>326 BAHIA CIRCLE</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34472</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 <i>Amy Lynne Pitts</i> <b>AMY LYNNE PITTS, PRES.</b> <b>4/15/2008</b> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD PITTS, AMY L 13110 NE 7TH LOOP SILVER SPRINGS, FL 34488</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD PITTS, AMY L. 326 BAHIA CIRCLE OCALA, FL 34472</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD BEYER, REGINA L 13110 NE 7TH LOOP SILVER SPRINGS, FL 34488</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD BEYER, REGINA L 326 BAHIA CIRCLE OCALA, FL 34472</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Amy Lynne Pitts</i> <b>AMY LYNNE PITTS</b> <b>4/15/08</b> <b>352-816-2814</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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