


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90054 026 ***150.00

DOCUMENT # P05000159262

1. Entity Name
LINDA'S OASIS II, INC.



Principal Place of Business
**1066 SR 436
CASSELBERRY, FL 32707 US**

Mailing Address
**7039 PECAN COURT
WINTER PARK, FL 32792 US**

40023651



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01192007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3891774

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOBECK, RANDOLPH
7039 PECAN COURT
WINTER PARK, FL 32792**

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 actions of registered agent.

SIGNATURE *Randy L. Beck* DATE *1/21/07*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 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	P LINDA, LOBECK A 7039 PECAN COURT WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOBECK, LINDA A 7039 PECAN COURT WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBECK, RANDOLPH 7039 PECAN COURT WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Randy L. Beck* DATE *1/21/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

OGDEN UT 84201-0059

In reply refer to: 0418022830
Feb. 14, 2007 LTR 2690C E1
20-3891774 000000 00 000

00012853

BODC: SB

40023651
#P05000159262

LINDA OASIS II INC
7039 PECAN CT
WINTER PARK FL 32792-7541398

Taxpayer Identification Number: 20-3891774

Dear Taxpayer:

We are returning the enclosed documents for the following reason(s):

Your payment matches the money amount indicated on the state form, therefore the check must be payable to the state and mailed to them. Your check has been stamped "non-negotiable" for your protection.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include your telephone number, the hours you can be reached, and a copy of this letter. You may also want to keep a copy of this letter for your records.

Your Telephone Number () _____ Hours _____

Thank you for your cooperation.

Sincerely yours,

Debra C. Hennessy
Operations Mgr., Receipt & Control

Enclosures:
Your check and state form