

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075450

Entity Name: LINEA PENINSULAR, INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

5323 W HWY 98 - STE 215
PANAMA CITY, FL 32401

New Principal Place of Business:

5323 W HWY 98 -
SUITE #215
PANAMA CITY, FL 32401

Current Mailing Address:

5323 W HWY 98 - STE 215
PANAMA CITY, FL 32401

New Mailing Address:

PO BOX 16239
PANAMA CITY, FL 32406

FEI Number: 64-0800604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHREYS, DAVID S
5323 W HWY 98 - STE 215
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

HUMPHREYS, DAVID S
5323 W HWY 98
SUITE #215
PANAMA CITY, FL 32401 US

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:

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HUMPHREYS, DAVID S
Address: 1804 WEAKEFISH WAY
City-St-Zip: PANAMA CITY, FL 32408

Title: VPD () Delete
Name: HUMPHREYS, IOANA L
Address: 1804 WEAKEFISH WAY
City-St-Zip: PANAMA CITY, FL 32408

Title: STD () Delete
Name: HUMPHREYS, DAVID L
Address: 3412 MARTINIQUE LN
City-St-Zip: PANAMA CITY, FL 32408

Title: D () Delete
Name: HUMPHREYS, PIA L
Address: 1804 WEAKEFISH WAY
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID S. HUMPHREYS

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date