

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112355

Entity Name: LINDA ROESER, INC.

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

20625 ARMADA CT.  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 715  
ESTERO, FL 33928

**New Mailing Address:**

FEI Number: 74-3187875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNUPP, MICHAEL  
10182 PENNSYLVANIA AVENUE  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROESER, LINDA  
Address: 20625 ARMADA CT.  
City-St-Zip: ESTERO, FL 33928

Title: VP ( ) Delete  
Name: ROESER, JEFFREY  
Address: 20625 ARMADA CT.  
City-St-Zip: ESTERO, FL 33928

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: ROESER, SARAH  
Address: 20625 ARMADA CT.  
City-St-Zip: ESTERO, FL 33928

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: LINDA ROESER

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date