

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11000041809

1. Entity Name
LINGE MANAGEMENT SERVICES INC



Principal Place of Business
4301 SOUTH MARY CIRCLE
PALM BEACH GARDENS, FL 33410

Mailing Address
4301 SOUTH MARY CIRCLE
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

05102012

Chg-P

CR2E034 (12/11)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELIN, CHANCY M
4301 SOUTH MARY CIRCLE
PALM BEACH GARDENS, FL 33410

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

Chancy Gelin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GELIN, CHANCY M
STREET ADDRESS 4301 SOUTH MARY CIRCLE
CITY, ST, ZIP PALM BEACH GARDENS, FL 33410

TITLE VP ☐ Delete
NAME JOSEPH, MARIE C
STREET ADDRESS 4301 SOUTH MARY CIRCLE
CITY, ST, ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete
NAME S. TONER
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME 900236125439
STREET ADDRESS 06/11/12--01002--007 ***150.00
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

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:

[Signature]

5/17/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

FILED

2012 JUN 11 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

