

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90259 016 ***158.75

DOCUMENT # P92000007048

1. Entity Name
LIN-MOR INC.



Principal Place of Business
**170 COLLEGE DRIVE
UNIT H
ORANGE PARK, FL 32065 US**

Mailing Address
**170-H COLLEGE DR
ORANGE PARK, FL 32065**

20001283



2. Principal Place of Business
200 College Drive

3. Mailing Address
200 College Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number
59-3155997

Applied For
Not Applicable

Zip
32065

Country
USA

Zip
32065

Country
USA

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

**LINTON, JAMES E.
170 COLLEGE DR
SUITE H
ORANGE PARK, FL 32065**

Name
Linton, James E.

Street Address (P.O. Box Number is Not Acceptable)
200 College Drive

City
Orange Park

FL

Zip Code
32065

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/2006

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 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
**DPST
LINTON, JAMES E
923 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
LINTON, TERESSA L
923 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043** ☐ Delete

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

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2006

904-272-0272

Date

Daytime Phone #