2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000036359

Entity Name: LINEAL TECHNICAL DESIGN, INC.

FILED Mar 06, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

4010 GLEN GARRY ROAD EAST LAKELAND, FL 33813 US

Current Mailing Address: New Mailing Address:

4010 GLEN GARRY ROAD EAST LAKELAND, FL 33813 US

FEI Number: 59-3242291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SHIVERS, NEAL P
4010 GLEN GARRY ROAD EAST
LAKELAND, FL 33813 US
SHIVERS, NEAL V P
4010 GLEN GARRY ROAD EAST
LAKELAND, FL 33813 US
LAKELAND, FL 33813 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: NEAL SHIVERS 03/06/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: SHIVERS, NEAL P Name: SHIVERS, NEAL V P

Address: 4010 GLEN GARRY ROAD EAST Address: 4010 GLEN GARRY ROAD EAST

City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

Title: S () Delete Title: S (X) Change () Addition

Name: SHIVERS, LINDA E Name: SHIVERS, LINDA E P

Address: 4010 GLEN GARRY ROAD EAST Address: 4010 GLEN GARRY ROAD EAST

City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

Title: VPS () Delete Title: VPS (X) Change () Addition

 Name:
 SHIVERS, LINDA
 Name:
 SHIVERS, LINDA P

 Address:
 4010 GLEN GARRY RD E
 Address:
 4010 GLEN GARRY RD E

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 SHIVERS P 03/06/2005