

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000043038**

1. Entity Name  
**LINEAR CONCEPT 2,000, INC.**



Principal Place of Business  
**9638 LOBLOLLY PINE CIR  
ORLANDO, FL 32827**

Mailing Address  
**9638 LOBLOLLY PINE CIR  
ORLANDO, FL 32827**



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3379965**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**POOLE, WILLIAM F IV  
644 WEST COLONIAL DRIVE  
ORLANDO, FL 32804**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HYOKSS, KWON  
9638 LOBLOLLY PINE CIR  
ORLANDO, FL 32827**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000167749  
07/22/04-80007-013 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-14-04** (321) 303-1148  
Date Daytime Phone #