- 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000086281 1. Entity Name LINDA T. GEORGE, INC. Principal Place of Business 865 KILLARNEY DR. SEBRING FL 33872 Mailing Address 865 KILLARNEY DR. SEBRING FL 33872						FILED JOS-OCT 17 TANIO: 01 SECRETARY OF STATE FALL OF STORIOR				
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				2n	d MOORE	CR2E034	(5/05)	
City & State		City & State			-	4. FEI Numb	^{er} 65-07883	159		plied For Applicable
Zip	Country	Zip	Country			5. Certificate	of Status Desired		8.75 Add se Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
GEORGE, LINDA T 865 KILLARNEY DRIVE SEBRING FL 33872				Name Raymond G. George Street Address (P.O. Box Number is Not Acceptable) Stos Killarney Dr.						
			City			ring,	F1.	<u>33</u> を7	7 5 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 Signature, typed of 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. (NOTE Registered April signature required when reinstaing) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it										
Make Check Payable to Florida Department of State did not receive prior notice. Fee to						50.00.		Contribution.		d to Fees
10.	OFFICERS AND I	DIRECTORS Delete	11.			ADDITIONS	CHANGES TO C			
NAME STREET ADDRESS CITY-ST-ZIP	GEORGE, LINDA T 865 KILLARNEY DRIVE SEBRING FL 33872		STREE	NAME STREET ADDRESS GITY-ST-ZIP		Change				
NILE NAME STREET ADDRESS CITY-ST-ZIP	S65 Killarney Dr. Sebring, Fl. 33875			ET ADDRESS ST-ZIP				"	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Delete			-		-	· · · · · ·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .						1	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete			٠				☐ Change	Addition
NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	CITY	E EFADDRESS ST-ZIP			<i>*</i>		Change	Addition
indicated	certify that the information supplied with I on this report or supplemental report is	uns aming does not qualify for true and accurate and that m	ine exe Ingenat	mption state bire shall ba	ed in Se	cuon 119.07(3)	(i), Florida Statute	es, i turther certif	y that the ir	normation or director

Amended

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.

SICNATIBE:

Application 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.