2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 🗓

Feb 28, 2005 08:00 AM **DOCUMENT # P98000046531 Secretary of State** 1. Entity Name LINDA YAEGER, INC. Principal Place of Business Mailing Address 1587 TREDEGAR DRIVE FORT MYERS FL 33919 1587 TREDEGAR DRIVE FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 65-0839108 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YAEGER, LINDA Street Address (P.O. Box Number is Not Acceptable) 1587 TREDEGAR DRIVE FORT MYERS FL 33919 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. U00000246371 □ Change □ 02/28/05~80061-015 150.00 Addition D ML3 TITLE Delete YAEGER, LINDA NAME NAME STREET ADDRESS 1587 TREDEGAR DRIVE STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition D ☐ Delete THEE THILE NAME YAEGER, JAMES G NAME 1587 TREDEGAR DRIVE STREET AGDRESS STREET ADDRESS FORT MYERS FL 33919 CHY-GI-ZI2 C)TY - S1 - 2)P Change Addition Delete MLE TITLE NAME NAME STREET ADDRESS STREET ADDITIESS CITY ST - 7/P CPY-ST-20 ☐ Delete RILE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP Addition ☐ Delete HILE Change NAME NAM! STREET ADDRESS 5 PIELADOPESS CITY-ST ZIP CHY-ST-ZIE Change ☐ Addition TITLE Delete Late NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 cath; 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 a address, with all other like empowered.

LINDA YACGER 26 Feb as

FILED