


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

|                                                     |  |                                                                                   |
|-----------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000080063</b>                      |  |  |
| 1. Entity Name<br><b>LIN-TEC, INC., OF MARIANNA</b> |  |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>4430 MAGNOLIA ROAD<br/>MARIANNA FL 32448</b> | Mailing Address<br><b>4430 MAGNOLIA ROAD<br/>MARIANNA FL 32448</b> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3533403** ☐ Applied For  
Not Applicable

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

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>LINTON, WM. KENNETH<br/>4444 MAGNOLIA ROAD<br/>MARIANNA FL 32448</b> |
|--------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS                         |                                                                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete<br><b>P<br/>LINTON, WM. KENNETH K<br/>4444 MAGNOLIA RD.<br/>MARIANNA FL 32448</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete<br><b>VP<br/>LINTON, PEGGY D<br/>4444 MAGNOLIA RD<br/>MARIANNA FL 32448</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 |                                                                   |
|--------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**000000325756**  
**04/23/05-80030-008 150.00**

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 all other like empowered

SIGNATURE: Peggy D. Linton Peggy D. Linton 4/20/05 850-482-8856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #