

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000099876

FILED
Jan 05, 2004
Secretary of State

Entity Name: LINTON MANAGEMENT, INC.

Current Principal Place of Business:

10000 US HIWAY 98 NO., #955
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

10000 US HIWAY 98 NO., #955
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 55-2135880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONIFIELD, E L
10000 US HIWAY 98 NO., #955
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

BONIFIELD, EUGENE L
10000 US HIWAY 98 NO., #955
LAKELAND, FL 33809 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: EUGENE L. BONIFIELD

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: BONIFIELD, E L
Address: 10000 US HIWAY 98 NO., #955
City-St-Zip: LAKELAND, FL 33809

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: BONIFIELD, EUGENE L
Address: 10000 US HIWAY 98 NO., #955
City-St-Zip: LAKELAND, FL 33809

Title: PRES () Change (X) Addition
Name: BONIFIELD, EUGENE L
Address: 10000 US HWY 98 N., #955
City-St-Zip: LAKELAND, FL 33809

Title: SECT () Change (X) Addition
Name: BONIFIELD, JOANNE M
Address: 10000 US HWY 98 N., #955
City-St-Zip: LAKELAND, FL 33809

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: EUGENE L. BONIFIELD

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date