


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P99000015111</b><br>1. Entity Name<br><b>LINE CORP.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>7990 CAUSEWAY BLVD., S<br/>ST. PETERSBURG, FL 33707</b> | Mailing Address<br><b>75 N. MARKET ST<br/>ASHEVILLE, NC 28801</b> |
|---|---|



02012004 No Chg-P CR2E034 (10/03)

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|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>58-2443870</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|---|--|

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

**MRYNCZA, BOB  
7990 CAUSEWAY BLVD. SOUTH  
ST. PETERSBURG, FL 33707**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

U000000072333  
03/01/04-80106-025 150.00

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>GREENBERG, STAN<br>93 HIDDEN FALLS DR<br>ASHEVILLE, NC 28804          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>MRYNCZA, BOB<br>7990 CAUSEWAY BLVD., S<br>SAINT PETERSBURG, FL 33707 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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)(f), 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:** Stan Greenberg, Pres. STAN GREENBERG 2/26/04 828-252-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #