## 2007 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

## FILED Feb 26, 2007 08:00 AM DOCUMENT # P99000036502 **Secretary of State** THE LINDA DUTCHER COMPANY Principal Place of Business Mailing Address 1732 PATRICIA AVE. DUNEDIN FL 34698 1732 PATRICIA AVE. **DUNEDIN FL 34698** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. otc Suite, Apt #, otc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3574322 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DUTCHER, LINDA 1732 PATRICIA AVE. Street Address (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698** 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 name of registered agent and title (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST HHE ☐ Delete IIIŒ Change Addition DUTCHER, LINDA NAME NAM U00000647722 03/06/0<u>7-80082-019 150.00</u> 1732 PATRICIA AVE. STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition IIIIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defelo MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete IIILE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STIKET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I horeby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 3