

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000069026

1. Entity Name
LINZO, INC.



Principal Place of Business
3714 LIBERTY SQUARE
FORT MYERS, FL 33908

Mailing Address
3714 LIBERTY SQUARE
FORT MYERS, FL 33908

FILED
05 MAY -4 PM 2:14
SECRETARY OF STATE
REINSTATEMENT STATE 04-05
TALLAHASSEE, FLORIDA



08302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0943595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WARREN, DANIEL P
3714 LIBERTY SQUARE
FORT MYERS, FL 33908

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: *Same as below*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WARREN, DANIEL P 3714 LIBERTY SQUARE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400054731824
05/18/05--01023--012 **350.00

DO NOT WRITE
IN THIS SPACE

400054731824
05/18/05--01023--013 **550.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/05 239-650-1253
Date Daytime Phone #