


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90001 032 \*\*\*150.00

**DOCUMENT # P99000070533**

1. Entity Name  
LINDA LEA PRODUCTIONS, INC.



Principal Place of Business  
2828 NORTH ATLANTIC AVENUE  
STE 2004  
DAYTONA BEACH, FL 32118

Mailing Address  
2828 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**54058769**



06152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3589586</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEA, LINDA  
2828 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

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

**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	D LEA, LINDA 2828 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE 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)(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: Linda E. Lea Date: 6-21-04 Daytime Phone #: 672-0805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

54058769



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 15, 2004

LINDA LEA PRODUCTIONS, INC.  
2828 NORTH ATLANTIC AVENUE  
SUITE 2004  
DAYTONA BEACH, FL 32118

SUBJECT: LINDA LEA PRODUCTIONS, INC.  
Ref. Number: P99000070533

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 404A00040116

Attachment

54058769  
6-21-04

ATTN: Dept. of STATE #P99000070533  
Div. of Corp.

I Did NOT Receive This

Document until you return

A copy with my check.

Please accept \$150. Payment

For 2004

Thank you

H. A. Lea. P.O.A  
For Linda Lea