

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000078904

**Entity Name:** KATHRYN LINN, P.A.

**Current Principal Place of Business:**

561 FIELDCREST DRIVE  
THE VILLAGES, FL 32162

**Current Mailing Address:**

561 FIELDCREST DRIVE  
THE VILLAGES, FL 32162 US

**FEI Number:** 03-0595687

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LINN, KATHRYN  
561 FIELDCREST DRIVE  
THE VILLAGES, FL 32162 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LINN, KATHRYN E  
Address 561 FIELDCREST DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title S  
Name LINN, KATHRYN E  
Address 561 FIELDCREST DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title T  
Name LINN, KATHRYN E  
Address 561 FIELDCREST DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title VP  
Name LINN, KATHRYN E  
Address 561 FIELDCREST DRIVE  
City-State-Zip: THE VILLAGES FL 32162

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHRYN LINN

**PRESIDENT**

**01/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date