

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90045 028 \*\*\*150.00

**DOCUMENT # F0100002857**  
 1. Entity Name  
**LINDERLAKE CORPORATION**



Principal Place of Business      Mailing Address  
 12855 SOUTH CICERO AVENUE      12855 SOUTH CICERO AVENUE  
 ALSIP IL 60803      ALSIP IL 60803

**40011023**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
*9981 W. 190th Street*      *9981 W. 190th Street*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Suite H*      *Suite H*

City & State      City & State  
*Mokena IL*      *Mokena IL*  
 Zip      Country      Zip      Country  
*60448 USA*      *60448 USA*

4. FEI Number      Applied For  
**36-3593725**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**REGISTERED AGENTS LEGAL SERVICES, INC.**  
 1333 NORTH DUVAL STREET  
 TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ (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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT, <input checked="" type="checkbox"/> Delete<br>JUSKIE, KENNETH R<br>12855 SOUTH CICERO AVENUE<br>ALSIP IL 60803            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV <input checked="" type="checkbox"/> Delete<br>PONCE, MARK F<br>12855 SOUTH CICERO AVENUE<br>ALSIP IL 60803                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SC <input checked="" type="checkbox"/> Delete<br>JUSKIE, VICTORIA A<br>12855 SOUTH CICERO AVENUE<br>ALSIP IL 60803             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT <input type="checkbox"/> Delete<br><i>Kenneth R. Juskie</i><br><i>9981 W. 190th St. Suite H</i><br><i>Mokena, IL 60448</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV <input type="checkbox"/> Delete<br><i>Mark F. Ponce</i><br><i>9981 W. 190th St. Suite H</i><br><i>Mokena, IL 60448</i>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SC <input type="checkbox"/> Delete<br><i>Victoria A. Juskie</i><br><i>9981 W. 190th St. Suite H</i><br><i>Mokena, IL 60448</i> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kenneth R. Juskie*      **Kenneth R. Juskie**      *1/26/05*      *708/478-7012*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #