

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000002857

1. Entity Name
LINDERLAKE CORPORATION



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
**9981 WEST 190TH STREET
SUITE H
MOKENA, IL 60448**

Mailing Address
**9981 WEST 190TH STREET
SUITE H
MOKENA, IL 60448**



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3593725

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000954191
07/11/08-80003-002 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT JUSKIE, KENNETH R 9981 WEST 190TH STREET SUITE H MOKENA, IL 60448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PONCE, MARK F 9981 WEST 190TH STREET SUITE H MOKENA, IL 60448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC JUSKIE, VICTORIA A 9981 WEST 190TH STREET SUITE H MOKENA, IL 60448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 I am empowered.

SIGNATURE:

Kenneth R. Juskie **Kenneth R. Juskie**

7/7/08 **708,478,7012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #