


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 174144

1. Entity Name
LINDER INDUSTRIAL MACHINERY COMPANY



Principal Place of Business 1601 S. FRONTAGE RD. PO BOX 4589 PLANT CITY, FL 33563	Mailing Address 1601 S. FRONTAGE RD. PO BOX 4589 PLANT CITY, FL 33563
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04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0694097	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, PEGGY H
 1601 S. FRONTAGE RD
 PLANT CITY, FL 33563**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

U00000140715
 04/29/04-80173-016 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, JEFFREY G. 1601 S. FRONTAGE RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KOSINSKY, FLOYD 1601 S FRONTAGE RD PLANT CITY, FL 33564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SMITH, PEGGY H 1601 S. FRONTAGE RD. PLANT CITY, FL 33564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILES, TERRY R. 1601 S. FRONTAGE ROAD PLANT CITY, FL 33566
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 exemption stated in Section 119.07(3)(c), 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: Floyd Kosinsky **FLOYD KOSINSKY** Date: 4-22-04 Daytime Phone #: 813-754-2727