


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90026 040 \*\*\*158.75

<b>DOCUMENT # 174144</b>					
1. Entity Name <b>LINDER INDUSTRIAL MACHINERY COMPANY</b>					
Principal Place of Business <b>1601 S. FRONTAGE RD. PO BOX 4589 PLANT CITY, FL 33563</b>			Mailing Address <b>1601 S. FRONTAGE RD. PO BOX 4589 PLANT CITY, FL 33563</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02142006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-0694097</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SMITH, PEGGY H</b> <b>1601 S. FRONTAGE RD</b> <b>PLANT CITY, FL 33563</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, JEFFREY G.		NAME	Richard L. Yancey	
STREET ADDRESS	1601 S. FRONTAGE RD.		STREET ADDRESS	3109 Old Charleston Hwy	
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP	W. Columbia, SC 29172	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSINSKY, FLOYD		NAME	Kenneth A. Holz	
STREET ADDRESS	1601 S FRONTAGE RD		STREET ADDRESS	1601 S. Frontage Rd	
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP	Plant City FL 33563	
TITLE	VST	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PEGGY H		NAME	Robert A. Olejniczak	
STREET ADDRESS	1601 S. FRONTAGE RD.		STREET ADDRESS	3535 N. Graham	
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP	Charlotte NC 28206	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, DANIEL H.		NAME		
STREET ADDRESS	1601 S. FRONTAGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLZ, KENNETH A.		NAME		
STREET ADDRESS	1601 S. FRONTAGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLEJNICZAK, ROBERT A.		NAME		
STREET ADDRESS	3535 N. GRAHAM STREET		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28206		CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <u>Peggy H Smith</u>			Date: <u>2/14/06</u>		Daytime Phone #: <u>813-754-2727</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					