


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90059 050 ***150.00

DOCUMENT # 288802 1. Entity Name LINDRICK SERVICE CORPORATION	
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Principal Place of Business 5245 US HWY 19 N. NEW PORT RICHEY, FL 34652	Mailing Address 5245 US HWY 19 N. P.O. BOX 1176 NEW PORT RICHEY, FL 34652
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1089242	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BORDA, JOSEPH 5245 US HWY 19 N. NEW PORT RICHEY, FL 34652

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOUNTAIN, MARGARET E 5245 US HWY 19 N NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORDA, JOSEPH R. 5245 US HWY 19 N NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORDA, MARLENE B. 5245 US HWY 19 N NEW PORT RICHEY, FL 34652
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #