


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 610963	
1. Entity Name LINDSEY INVESTMENT, CO.	

Principal Place of Business 1015 48TH TERR VERO BCH FL 32966	Mailing Address 1015 48TH TERR VERO BCH FL 32966
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Quik-Snak Restaurant Suite, Apt #, etc. 4236 Rt. 60 City & State Vero Beach, FL Zip 32960 Country Indian River	3. Mailing Address Suite, Apt #, etc. City & State Zip Country
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4. FEI Number 59-1895715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINDSEY, GARY W. 1015 48TH TERR. VERO BEACH FL

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LINDSEY, GARY W. 1015 48TH TERR. VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gary Lindsey 1/20/05 (772) 567-5941