

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90104 037 \*\*\*150.00

<b>DOCUMENT # H43761</b> 1. Entity Name <b>COURT-LIND SALES, INC.</b>			
Principal Place of Business <b>% BARBARA C. GIBERTI</b> <b>2207 N. HARBOR DR.</b> <i>11619 Front Bch Rd</i> <b>LYNN HAVEN, FL 32444</b> <i>Panama City Bch FL 32407</i>		Mailing Address <b>% BARBARA C. GIBERTI</b> <i>11619 Front Bch Rd</i> <b>2207 N. HARBOR DR.</b> <i>2207 N. HARBOR DR.</i> <b>LYNN HAVEN, FL 32444</b> <i>Panama City Bch FL 32407</i>	
2. Principal Place of Business <b>11619 Front Bch Rd</b> Suite, Apt. #, etc. <b>#1210</b>		3. Mailing Address <b>11619 Front Beach Rd</b> Suite, Apt. #, etc. <b>#1210</b>	
City & State <b>Panama City Bch</b>		City & State <b>Panama City Beach FL</b>	
Zip <b>FL 32407</b>		Country <b>Bay</b>	
4. FEI Number <b>59-2498600</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIBERTI, BARBARA C.</b> <b>2207 N. HARBOR DR.</b> <b>LYNN HAVEN, FL 32444</b> <i>11619 Front Bch Rd</i> <i>Panama City Beach</i> <i>FL 32407</i>		7. Name and Address of New Registered Agent Name <b>Barbara C. Giberti</b> Street Address (P.O. Box Number is Not Acceptable) <b>11619 Front Beach Rd</b> <b>#1210</b> City <b>Panama City Beach</b> <b>FL</b> Zip Code <b>32407</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 _____ <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</b> <b>(After May 1, 2005 Fee will be \$550.00)</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>GIBERTI, CHARLES</b> STREET ADDRESS <b>2207 N. HARBOR DR.</b> <i>11619 Front Bch Rd</i> CITY-ST-ZIP <b>LYNN HAVEN, FL 32444</b> <i>Panama City Bch, FL #1210</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Giberti, Charles</b> STREET ADDRESS <b>11619 Front Beach Rd #1210</b> CITY-ST-ZIP <b>Panama City Beach, FL 32407</b>		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>GIBERTI, BARBARA C</b> <i>11619 Front Bch Rd</i> STREET ADDRESS <b>2207 N. HARBOR DR</b> <i>#1210</i> CITY-ST-ZIP <b>LYNN HAVEN, FL 32444</b> <i>Panama City Bch 32407</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Giberti, Barbara C</b> STREET ADDRESS <b>11619 Front Beach Rd. #1210</b> CITY-ST-ZIP <b>Panama City Beach FL 32407</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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)(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: <i>Charles A. Giberti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/12/05</b> Daytime Phone # <b>850 236 2362</b>	