

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J36253

1. Entity Name
CENTRAL FLORIDA LINDSAY, INC.



**FILED
Apr 14, 2006 8:00 am
Secretary of State**

04-14-2006 90125 011 ***150.00

4U04100



04112006 Chg-P CR2E034 (11/05)

Principal Place of Business
5800-12 AIRPORT RD.
P.O.BOX 153
SEBRING, FL 33871-0153

2. Principal Place of Business
5241 Kenilworth Blvd.
Suite, Apt. #, etc.
Suite 12

3. Mailing Address
P.O. Box 153

City & State
Sebring, FL
Zip 33870
Country USA

City & State
Sebring, FL
Zip 33871-0153
Country USA

4. FEI Number
59-2717633
Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEPPEN, DEAN S.
522 VIOLET AVENUE
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 date if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

Dean Keppen Pres. 4/12/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PST
NAME KEPPEN, DEAN S.
STREET ADDRESS 522 VIOLET AVENUE
CITY-ST-ZIP SEBRING, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean Keppen 4/12/06 863-385-2716

Date

Daytime Phone #