## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J62266

Entity Name: LINDSAY INDUSTRIES, INC.

FILED Apr 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9393 120TH LANE NORTH SEMINOLE, FL 33772 **Current Mailing Address: New Mailing Address:** 9393 120TH LANE NORTH SEMINOLE, FL 33772 FEI Number: 59-2806261 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINDSAY, FREDRICK H 9393 120TH LANE NORTH SEMINOLE, FL 33772 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition LINDSAY, FREDRICK H., Name: Name: 9393 120 LN N Address: Address: City-St-Zip: SEMINOLE, FL 33772 US City-St-Zip: Title: VD Title: () Delete () Change () Addition LINDSAY, FREDRICK H., JR Name: Name: 18601 PANAMA AVE Address: Address: PRIOR LAKE, MN 55372 US City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition LINDSAY, MARJORY, Name: Name: 9393 120TH LANE NORTH Address: Address: City-St-Zip: SEMINOLE, FL 33772 US City-St-Zip: Title: VD () Delete Title: () Change () Addition LINDSAY, STEVEN F., Name: Name: Address: 3438 MIDWAY Address: City-St-Zip: EAU CLAIRE, WI 54703 US City-St-Zip: Title: VD Title: ( ) Delete VD (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ROBERTS, MARGIE LINDSAY

BROOKSVILLE, FL 34601 US

19410 FT DADE AVENUE

SIGNATURE: MARJORY LINDSAY VD 04/17/2007

ROBERTS, MARGIE LINDSAY

ATLANTA, GA 30354 US

3405 RAINEY AVE

Name:

Address: City-St-Zip: