


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # J80992 1. Entity Name LIND TOY CORPORATION	
---	---

Principal Place of Business P O BOX 711 HOBE SOUND, FL 33475 US	Mailing Address P O BOX 711 HOBE SOUND, FL 33475 US
---	---

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2816433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WAGGENER, JANE C. C/O PALM BEACH NATIONAL BANK & TRUST 1001 US HWY ONE, SUITE 100 JUPITER, FL 33477	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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, THOMAS 1706 SHALLOW WELL ROAD MANAKIN SABOT, VA 23103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, NORAH 1706 SHALLOW WELL ROAD MANAKIN SABOT, VA 23103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

000000121655
04/20/04-80062-007 150.00

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:  **Thomas M. Lind, President** 04/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

804 288 7345