


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90460 049 ***150.00

DOCUMENT # L43393 1. Entity Name LINDO, INC.	
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Principal Place of Business 426 EVERGREEN DR. P.O. BOX 1677 OLDSMAR, FL 34677-2604	Mailing Address 426 EVERGREEN DR. P.O. BOX 1677 OLDSMAR, FL 34677-2604
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2985239	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OXENDINE, LINDA 426 EVERGREEN DR. OLDSMAR, FL 34677	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT OXENDINE, LINDA 426 EVERGREEN DR. OLDSMAR, 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	S OXENDINE, LINDA 426 EVERGREEN DR. OLDSMAR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Linda M. Oxendine Pres. of Lindo Inc. 4/26/07 727 585 0490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

COPY

ATTACHMENT

40091626
443393

LINDO, INC

Change of Address or Business Name for Sales and Use Tax

Complete this form, sign it, and mail it with your tax return if:

- the address below is not correct
- the business location changes
- the business name changes

If you have a change of legal entity, you must register online or complete and mail a new *Application to Collect and/or Report Tax in Florida* (Form DR-1). If you need more information or forms, contact your local Service Center or call Taxpayer Services (see enclosed contact information). You must submit a change of address form for each location. If you are closing or selling your business or have a change in legal entity, complete the form on the reverse side.

☒ FEIN of Entity **59-2985239**
Or
☐ SSN of Owner **000-00-0000**

New Location Business Location **426 EVERGREEN DRIVE**
City **OLDSMAR** State **FL** ZIP **34677-2604**

Business Telephone () County

New Address In Care of
Mailing Address
City State ZIP

Owner's Telephone () County

Mailing address change is for: ☐ Sales tax only or ☐ All Taxes

New Business Name
DBA Business Name

Signature of Taxpayer (Required)

Date