

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90011 007 \*\*\*150.00

**DOCUMENT # P00000009594**

1. Entity Name

FAN PRIDE, INC.



Principal Place of Business

101 W BRITAIN STREET  
HERNANDO FL 34442

Mailing Address

101 W BRITAIN STREET  
HERNANDO FL 34442

34034820

2. Principal Place of Business

1570 N. BOWMAN TERRACE

Suite, Apt. #, etc.

3. Mailing Address

1570 N. BOWMAN TERRACE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

HERNANDO FL

Zip

34442

Country

USA

City & State

HERNANDO FL

Zip

34442

Country

USA

4. FEI Number

52-2214275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINDIA, FRANK  
101 W BRITAIN STREET  
HERNANDO FL 34442

7. Name and Address of ~~Now~~ Registered Agent

Name

LINDIA, FRANK

Street Address (P.O. Box Number is Not Acceptable)

1570 N. BOWMAN TERRACE

City

HERNANDO

FL

Zip Code

34442

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

*Frank J. Lindia*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LINDIA, DOROTHY R	
STREET ADDRESS	101 W BRITAIN STREET	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDIA, FRANK	
STREET ADDRESS	101 W BRITAIN STREET	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDIA, DOROTHY	
STREET ADDRESS	1570 N. BOWMAN TERRACE	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDIA, FRANK	
STREET ADDRESS	1570 N. BOWMAN TERRACE	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Frank J. Lindia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04

Date

Daytime Phone #