

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P019000000073</b>																																																																																																																																																											
<b>1. Entity Name</b> LYNDELL CENTRE, INC.																																																																																																																																																											
<b>Principal Place of Business</b> 2104 THOMAS DR PANAMA CITY FL 32408			<b>Mailing Address</b> P.O. BOX 27279 PANAMA CITY BEACH FL 32411																																																																																																																																																								
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>																																																																																																																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																								
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Country		Country		<b>4. FEI Number</b> 59-3699918																																																																																																																																																							
<b>6. Name and Address of Current Registered Agent</b>  HAMM, W. GERALD LEDMAN & HAMM, P.A. 1007 JENKS AVENUE PANAMA CITY FL 32401				<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____																																																																																																																																																							
<b>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</b>																																																																																																																																																											
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title - applicable (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>																																																																																																																																																											
<b>9. Election Campaign Financing</b> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. 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1st MOORE CR2E034 (10/06)

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**  
 Applied For Not Applicable

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

*Steve Counts* 1-24-07