

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90056 033 ***150.00

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1. Entity Name

DEBORAH A. LINDSTROM, P.A.



Principal Place of Business

3700 S. OCEAN BLVD., UNIT 610
HIGHLAND BCH FL 33487

Mailing Address

3700 S. OCEAN BLVD., UNIT 610
HIGHLAND BCH FL 33487

40018236



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2844 NE 26 Ave

Suite, Apt. #, etc.

Lighthouse Pt, FL

City & State

33064

Zip

Country

Broward

3. Mailing Address

2844 NE 26 Ave

Suite, Apt. #, etc.

Lighthouse Pt, FL

City & State

3

Zip

Country

Broward

4. FEI Number

04-3594312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDSTROM, DEBORAH A
3700 S. OCEAN BLVD., #610
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name

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

2844 NE 26 Ave

City

Lighthouse Pt

FL

Zip Code

33064

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, 2005 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 ☐ Delete
NAME LINDSTROM, DEBORAH A
STREET ADDRESS 3700 S. OCEAN BLVD., UNIT 610
CITY-ST-ZIP HIGHLAND BCH FL 33487

TITLE D ☐ Delete
NAME LINDSTROM, CARL
STREET ADDRESS 3700 S. OCEAN BLVD., UNIT 610
CITY-ST-ZIP HIGHLAND BCH FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #