



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000043339			
1. Entity Name LINDER MACHINERY, INC.			
Principal Place of Business 12717 W SUNRISE BLVD SUNRISE, FL 33323	Mailing Address 12717 W SUNRISE BLVD SUNRISE, FL 33323		
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent FORDE, L NUELLEN 12717 W SUNRISE BLVD SUNRISE, FL 33323		06292004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 04-3646476	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000172014 09/09/04-90007-005 550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORDE, L NUELLEN 12717 W SUNRISE BLVD SUNRISE, FL 33323	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>L. Nuellen Forde</i>		8-25-04 954-410-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	