

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132571

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: LINDWOOD INVESTMENTS INC.

**Current Principal Place of Business:**

10 BALDUR DRIVE  
PORT CHARLOTTE, FL 33954 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 BALDUR DRIVE  
PORT CHARLOTTE, FL 33954 US

**New Mailing Address:**

FEI Number: 13-4228297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLEMENTE, MICHAEL  
10 BALDUR DR  
PORT CHARLOTTE, FL 33954 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLEMENTE, STEVEN  
Address: 16609 167TH PLACE  
City-St-Zip: MCALPIN, FL 32062 US

Title: S ( ) Delete  
Name: CLEMENTE, MICHAEL  
Address: 10 BALDUR DR.  
City-St-Zip: PORT CHARLOTTE, FL 33954

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CLEMENTE

S

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date