## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 11, 2004 8:00 am **Secretary of State** DOCUMENT # P03000002905 03-11-2004 90009 010 \*\*\*150.00 JANIE LINDSEY REALTY, INC. Principal Place of Business Mailing Address 54016864 968 HILL STREET 968 HILL STREET DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL 32435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 90-006 2880 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 664 BALDWIN AVENUE DEFUNIAK SPRINGS, FL 32435 Zip Code 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: Begistered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D/P/5/7 TITLE ☐ Delete Addition TITLE ☐ Change Lewis R. Lindsey LINDSEY, JANIE NAME NAME 968 Hill St. De Funiak Spas. FL 32435 STREET ADDRESS 968 HILL STREET STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435 CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS 30 Daisev D CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE \_ Change \_ \_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

Janie C. Lindsey 3/7

FILED