

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000077150

1. Entity Name
LIND HOUSE ANTIQUE AND ESTATE JEWELLERS, INC.



Principal Place of Business
217 S ALCANIZ ST
PENSACOLA, FL 32501

Mailing Address
217 S ALCANIZ ST
PENSACOLA, FL 32501

FILED
05 MAY -6 PM 12: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2100125

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIFERT, SUSAN J
217 S ALCANIZ ST
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIFERT, SUSAN J 217 S ALCANIZ ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LACKEY, WILLIAM R 217 S ALCANIZ ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

400054013324
05/06/05--01063--008 **550.00

**DO NOT WRITE
IN THIS SPACE**

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, trustee, or 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

Susan Sifert

5/2/05

435-3213

Date

Daytime Phone #

5192