

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124484

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: CARON-LINDSAY CORPORATION

## Current Principal Place of Business:

2600 S UNIVERSITY DR  
#309  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

2600 S UNIVERSITY DR  
#309  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAGANS, JT  
2600 S UNIVERSITY DR  
#309  
DAVIE, FL 33328

## Name and Address of New Registered Agent:

SMITH, TIMOTHY L  
2600 S UNIVERSITY DR  
#309  
DAVIE, FL 33328

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: TIMOTHY L. SMITH

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: SMITH, TIMOTHY  
Address: 2600 S UNIVERSITY DR #309  
City-St-Zip: DAVIE, FL 33328

Title: TCFO ( ) Delete  
Name: SMITH, NICHOLAS  
Address: 1431 NW 123RD TERR  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S (X) Delete  
Name: SMITH, JAN C II  
Address: 1431 NW 123RD TERR  
City-St-Zip: PEMBROKE PINES, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: TIMOTHY L. SMITH

PCEO

04/19/2004

Electronic Signature of Signing Officer or Director

Date