

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90551 013 ***150.00

DOCUMENT # P04000004735					
1. Entity Name LINDMONDS, INC.					
Principal Place of Business 9542 ARGYLE FOREST BLVD JACKSONVILLE, FL 32244			Mailing Address 3180 LITCHFIELD DRIVE ORANGE PARK, FL 32065		
2. Principal Place of Business 3180 Litchfield Drive		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232004 Chg-P CR2E034 (10/03)	
City & State ORANGE PARK FL		City & State		4. FEI Number 45-0531153	
Zip 32065		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDSAY, ROBERT K 3180 LITCHFIELD DRIVE ORANGE PARK, FL 32065				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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: _____ <i>Robert K Lindsay</i> 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LINDSAY, ROBERT K STREET ADDRESS 3180 LITCHFIELD DRIVE CITY-ST-ZIP ORANGE PARK, FL 32065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME SYMONDS, DAWN M STREET ADDRESS 3049 HIGHWAY 17 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete		TITLE VICE President NAME Yolanda A. LINDSAY STREET ADDRESS 3180 Litchfield Drive CITY-ST-ZIP ORANGE PARK FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LINDSAY, MICHAEL L STREET ADDRESS 3049 HIGHWAY 17 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete		TITLE S NAME Paola LINDSAY - Secretary STREET ADDRESS 3180 Litchfield Drive CITY-ST-ZIP ORANGE PARK FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LINDSAY, JOHN P STREET ADDRESS 3180 LITCHFIELD DRIVE CITY-ST-ZIP ORANGE PARK, FL 32065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ <i>Robert K Lindsay</i> 4/23/04 904-291-8682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					