

May 03 06 06:35a

DonnaHolmes

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

04-18-2006 90084 019 ***150.00

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1. Entity Name

THE LIND GROUP, INC.



Principal Place of Business

960 COUNTY ROAD 457
LAKE PANASOFFKEE FL 33538
US

Mailing Address

1026 ORANGEWALK DRIVE
BRANDON FL 33511
US

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-2189870

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fec Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIDA, ANDRES S
1106 NORTH FRANKLIN STREET
TAMPA FL 33602

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

Signature typed or printed name of registered agent and filer's application

(NOTE: Registered Agent Signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	LIND, STEVE	1026 ORANGEWALK DRIVE	BRANDON FL 33511				
VP	LIND, DONNA	1026 ORANGEWALK DRIVE	BRANDON FL 33511				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Certifying Person's