

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000098238

1. Entity Name  
LINDIAKOS CONSTRUCTION, INC.,



**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90284 001 \*\*\*300.00

Principal Place of Business  
113 W. CEDAR STREET  
TARPON SPRINGS, FL 34689

Mailing Address  
113 W. CEDAR STREET  
TARPON SPRINGS, FL 34689



2. Principal Place of Business

3. Mailing Address

01252006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-3157895

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

LINDIAKOS, ELIAS C  
113 W. CEDAR STREET  
TARPON SPRINGS, FL 34689

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PVST  
LINDIAKOS, ELIAS C  
113 W. CEDAR STREET  
TARPON SPRINGS, FL 34689

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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LINDIAKOS, ELIAS C  
113 W. CEDAR STREET  
TARPON SPRINGS, FL 34689

☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIAS C. LINDIAKOS

4-28-06 7272245528

Date

Daytime Phone #