

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90034 014 \*\*\*150.00

DOCUMENT # P05000118175

1. Entity Name  
LINDSAY'S QUALITY ASSURED SERVICES, INC.



Principal Place of Business  
2277 BROWN STREET  
PORT CHARLOTTE, FL 33948 US

Mailing Address  
2277 BROWN STREET  
PORT CHARLOTTE, FL 33948 US

40000010



03012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3364868  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDSAY, CATHERINE M  
2277 BROWN STREET  
PORT CHARLOTTE, FL 33948

**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, 2007 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  
LINDSAY, ROBERT J  
2277 BROWN STREET  
PORT CHARLOTTE, FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
LINDSAY, CATHERINE M  
2277 BROWN STREET  
PORT CHARLOTTE, FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

4/3/07 941-740-1092  
Date Daytime Phone #