2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000081541

1. Entity Name
LINDAHL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
503 -72ND ST HOLMES BEACH, FL 34217 US	P O BOX 1276 HOLMES BEACH, FL 34218 US

02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0450579
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINDAHL, STEVEN M
503 -72ND ST
HOLMES BEACH, FL 34217

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D
NAME	LINDAHL, STEVEN M
STREET ADDRESS	503 72ND ST
CITY ST ZIP	HOLMES BEACH, FL 34217
TITLE	D
NAME	LINDAHL, SANDRA K
STREET ADDRESS	503 72ND ST
CITY ST ZIP	HOLMES BEACH, FL 34217
TITLE	D
NAME	LINDAHL, LUKE
STREET ADDRESS	503 72ND ST
CITY ST ZIP	HOLMES BEACH, FL 34217
TITLE	D
NAME	LINDAHL, ADAM
STREET ADDRESS	503 72ND ST
CITY ST ZIP	HOLMES BEACH, FL 34217
TITLE	D
NAME	LINDAHL, KATIE
STREET ADDRESS	503 72ND ST
CITY ST ZIP	HOLMES BEACH, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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02/20/06-80034-021 150.00

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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: Steven Lindahl V.P. 2/6/06 941-778-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #