## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 09, 2008 08:00 AM Secretary of State

| ANNUAL REPORT  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| DOCUMENT # P9400058955  1. Entity Name LINDSEY & ASSOCIATES, INC.        |  |  |  |  |  |  |
| Principal Place of Business<br>1828 SW 53 AVENUE<br>PLANTATION, FL 33317 | Mailing Address<br>1828 SW 53 AVENUE<br>IS PLANTATION, FL 33 |  |  |  |  |  |
|  |  |  |  |  |  |  |



## DO NOT WRITE IN THIS SPACE

01052008 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0511252

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent
HARRY V III

LINDSEY, HARRY V III 1828 SW 53 AVENUE PLANTATION, FL 33317

## 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 bitle if      | applicable (NOTE: Registered                         | d Agent signature required when reinstating)   | DATE                      |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00            | Election Campaign Finan     Trust Fund Contribution. | scing \$5.00 May Be Added to Fees  |                           |  |
| 10.   | OFFICERS AND DIREC   | TORS   |  | U00000777275              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>LINDSEY, HARRY V III<br>1828 SW 53 AVENUE<br>PLANTATION, FL 33317 |  |  | 01/09/08-80057-022 150.00 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | -  | للمستنيق للمستنيق للجائز أفاد والمتعاشفات أأراء والمستنيق المستنيق |                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | DO   | NOT WRITE                 |  |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP   |  |  | IN T   | THIS SPACE                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  |                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  |                           |  |
| 12. I hereby certify that the information supplied with this filling 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:

FUNE AND TOPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECT

1.4.08

Daytime Phone #