## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

changed, or on an attachme

## Jan 15, 2004 08:00 AM Secretary of State DOCUMENT # P95000084628 RH LINDSEY, INC. Principal Place of Business Mailing Address 3105 STONE STREET 3105 STONE STREET OVIEDO, FL 32765 OVIEDO, FL 32765 No Chg-P 01082004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3347387 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-0000 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE LINDSEY, ROBERT H NAME STREET ADDRESS 3105 STONE ST CITY-ST-ZIP OVIEDO, FL 32765 BUS LINDSEY, CAROLYN K U0000004342 NAME SYREET ADORESS 3105 STONE STREET 01/15/04-80007-821 150.MD CITY-ST-ZIP OVIEDO, FL 32765 TEFLE NAME STREET ADDRESS DO NOT WRITE CRTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZiP

**FILED** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE PROCESS OR DIRECTOR Date of Device Process

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 trustife empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if