

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90172 044 \*\*\*150.00

<b>DOCUMENT # P97000046727</b> 1. Entity Name <b>LINDELL'S LAWN LABOR &amp; STUFF, INC.</b>			
Principal Place of Business <b>9950 HIGHWAY 98 E-13 DESTIN, FL 32550</b>		Mailing Address <b>P.O. BOX <del>1364</del> 1364 DESTIN, FL 32540</b>	
2. Principal Place of Business <b>316A Mtn. Dr.</b>		3. Mailing Address <b>P.O. Box 1364</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Destin FL</b>		City & State <b>Destin FL 32540</b>	
Zip <b>32541</b>		Country <b>US</b>	
Zip 		Country 	
4. FEI Number <b>59-3449080</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROPER, LINDELL 240 BUCK RD SANTA ROSA BEACH, FL 32459</b>		7. Name and Address of New Registered Agent Name <b>Lindell Roper</b> Street Address (P.O. Box Number is Not Acceptable) <del>316A Mtn. Dr.</del> <b>316-A Mountain Dr.</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32540</b>	
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 <u><i>Lindell Roper</i></u> <span style="float: right;">4/28/06</span> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROPER, LINDELL K P.O. BOX <del>1364</del> 1364 DESTIN, FL 32540	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Lindell Roper</i></u>		4-25-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	