

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000088645

1. Entity Name

LINDIAKOS PROPERTIES, INC.



Principal Place of Business

**222 E. TARPON AVENUE
TARPON SPRINGS, FL 34689**

Mailing Address

**222 E. TARPON AVENUE
TARPON SPRINGS, FL 34689**

DO NOT WRITE IN THIS SPACE

FILED
Apr 26, 2006 08:00 AM
Secretary of State



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3473390

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LINDIAKOS, MANUEL N
222 E. TARPON AVENUE
TARPON SPRINGS, FL 34689**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

1100000537525
05/09/06-80025-011 150.00

10. OFFICERS AND DIRECTORS

**TITLE D
NAME LINDIAKOS, MANUEL N
STREET ADDRESS 222 E. TARPON AVENUE
CITY-ST-ZIP TARPON SPRINGS, FL 34689**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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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:

Manuel N. Lindiakos

MANUEL N. LINDIAKOS

Date

Daytime Phone #

4-2506 7279382933