

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90017 020 ***150.00

DOCUMENT # P98000050549

1. Entity Name
LINDSEY HOLDINGS, INC.



Principal Place of Business
**1518 EAST LAKE DRIVE
FORT LAUDERDALE, FL 33316 US**

Mailing Address
**1518 EAST LAKE DRIVE
FORT LAUDERDALE, FL 33316 US**

44015705



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 460325
Suite, Apt. #, etc.

03022004 Chg-P CR2E034 (10/03)

City & State
Fort Lauderdale, FL

4. FEI Number
65-0841630

Applied For
☐ Not Applicable

Zip
33346

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

CHANGE OF MAILING ADDRESS ONLY

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PTS
LINDSEY, THOMAS H
PO BOX 460325
FT LAUDERDALE, FL 33346**

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas H. Lindsey* / president **Thomas H. Lindsey** 3-2-04 954 488-1885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #