


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 031 ***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 P.O. BOX 460325 FORT LAUDERDALE, FL 33346 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 225 NE Mizner Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6085	
City & State		City & State Boca Raton, FL	
Zip	Country	Zip	Country
33432		33432	FL
6. Name and Address of Current Registered Agent CT CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS LINDSEY, THOMAS H PO BOX 460325 FT LAUDERDALE, FL 33346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas H. Lindsey		Tham M. Lindsey	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/2/08 Daytime Phone # (954) 648-7543	

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03072008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0841630** Applied For ☐ Not Applicable ☐

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