


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000053406 1. Entity Name LINDNER-COLE DEVELOPMENT, INC.	
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Principal Place of Business 3105 W. SCENIC DR DANIELSVILLE, PA 18038	Mailing Address 3105 W. SCENIC DR. DANIELSVILLE, PA 18038
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05052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0843293	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RAYSON, JOHN C BRADY & BRADY PA 370 N. CAMINO GARDENS BLVD. BOCA RATON, FL 33432
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST COLE, STEPHANIE M 3105 W. SCENIC DR. DANIELSVILLE, PA 18038
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05/11/04-80003-009 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Stephanie M. Cole 5/7/04 610 837 6280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #