

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083209

Entity Name: L. LINDSEY BLIND, CORP.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

13500 TAMIAMI TRAIL  
SUITE 3  
NAPLES, FL 34110

## New Principal Place of Business:

204 MADISON DR.  
NAPLES, FL 34110

## Current Mailing Address:

13500 TAMIAMI TRAIL  
SUITE 3  
NAPLES, FL 34110

## New Mailing Address:

204 MADISON DR.  
NAPLES, FL 34110

FEI Number: 59-3615034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, GARY K ESQ.  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES, FL 341082709 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: LINDSEY, LARRY  
Address: 204 MADISON DR.  
City-St-Zip: NAPLES, FL 34110

Title: VS ( ) Delete  
Name: LINDSEY, JUDITH M  
Address: 204 MADISON DR.  
City-St-Zip: NAPLES, FL 34110

Title: AST ( ) Delete  
Name: NOCERA, ERIN  
Address: 870 109TH. AVE. N.  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY LINDSEY

PT

04/27/2005

Electronic Signature of Signing Officer or Director

Date