

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90186 019 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000092011		
1. Entity Name LINDWORTH, INC.		
Principal Place of Business C/O BANYAN CAFE 5401 BAY SHORE RD SARASOTA, FL 34243	Mailing Address C/O BANYAN CAFE 5401 BAY SHORE RD SARASOTA, FL 34243	24072432 
DO NOT WRITE IN THIS SPACE		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		05012004 No Chg-P CP2E034 (10/03)
4. FEI Number 65-0953870		Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent LEVITT, SANDY 2201 RINGLING BLVD., STE. 203 SARASOTA, FL 34237		DO NOT WRITE IN THIS SPACE
9. 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 registering) _____ Signature, typed or printed name of registered agent and title if applicable. DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		11. 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	D WORTHINGTON, RICHARD E 4750 COUNTRY MEADOWS BLVD. SARASOTA, FL 34235	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTHINGTON, KATHLEEN L 4750 COUNTRY MEADOWS BLVD. SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDQUIST, FREDERICK M 4750 COUNTRY MEADOWS BLVD. SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDQUIST, ELEANOR W 4750 COUNTRY MEADOWS BLVD. SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/04 Date

10:50 0051-25-NAL