


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90096 019 ***158.75

DOCUMENT # P00000028749

1. Entity Name
GLOBALINK ENTERPRISE, INC.



Principal Place of Business
 8655 SW 98TH ST RD
 SUITE G
 OCALA, FL 34481

Mailing Address
~~8655 SW 98TH ST RD~~
~~SUITE G~~
~~OCALA, FL 34481~~

2. Principal Place of Business

3. Mailing Address
C/O FSLL ACCOUNTING

Suite, Apt. #, etc.
 Suite, Apt. #, etc.
703 N MAIN ST STE C


City & State
 City & State
SUMMERVILLE SC

Zip Country
 Zip Country
29483 DORCHESTER

6. Name and Address of Current Registered Agent

BLOUNT, THOMAS L
 8655 SW 98TH ST RD
 SUITE G
 OCALA, FL 34481

50057232



06212005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3635440

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

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 *Thomas L Blount* **THOMAS L BLOUNT, VP** **7-5-2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOUNT, NITA 8655 SW 98TH ST RD, SUITE G OCALA, FL 34481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOUNT, THOMAS 8655 SW 98TH ST RD, SUITE G OCALA, FL 34481 <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 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: *Nita C Blount* **PRESIDENT** **7-5-05** **843-821-4626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #