

APR-22-2005 13:47 FROM-

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90258 029 ***150.00

DOCUMENT # P94000028791					
1. Entity Name MASTERLINK CORPORATION					
Principal Place of Business 3649 ALL AMERICAN BLVD ORLANDO, FL 32810			Mailing Address 3649 ALL AMERICAN BLVD ORLANDO, FL 32810		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. # etc			Suite, Apt. # etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0555111	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEISNER, KENT A 1140 S. ORLANDO AVENUE K-18 MAITLAND, FL 32751				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 _____ (Signature typed or printed name of registered agent and title is appropriate) (NOTE: Registered agent signature required when substituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	OTS FENIMORE, GARRY L 716 - 44TH ST W. BRADENTON, FL 34208		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WEISNER, KENT A 1140 S ORLANDO AVE, K-18 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD REICHARD, RALPH 3818 N. LAKE ORLANDO PKWY ORLANDO, FL 32808		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCBRIDE, DENNIS K 7421 SHREVE ROAD FALLS CHURCH, VA 22043		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u>Kent A. Weisner, President</u> KENT WEISNER			4/29/05 407-299-3900 Date Daytime Phone		