

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 339404 . . .**

1. Entity Name  
**DESIGN LINK, INC.**



Principal Place of Business  
**2208 PROSSER DR.  
TALLAHASSEE, FL 32310**

Mailing Address  
**2208 PROSSER DR.  
TALLAHASSEE, FL 32310**

**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1229307**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EUGENE R. ELLIS JR.  
1006TH E. 7TH AVE.  
TALLAHASSEE, FL 32303**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000093995  
03/31/04-80004-004 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	ELLIS JR, EUGENE
STREET ADDRESS	1006TH E. 7TH AVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	TD
NAME	PROSSER, ANICE
STREET ADDRESS	2208 PROSSER DR
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	SD
NAME	ELLIS, MARY R.
STREET ADDRESS	1006TH E. 7TH AVE.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	P
NAME	PROSSER, DAN
STREET ADDRESS	2208 PROSSER DR
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ORIGINAL