2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90316 018 ***150.00

DOCUMENT # 616418

1. Entity Name
EDWARD E. LINSKEY, JR., INCORPORATED

Principal Place of Business	Mailing Address
3030 NW 23 AVE FT LAUDERDALE, FL 33311 US	2800 E COMMERCIAL BLVD #208 FORT LAUDERDALE, FL 33308

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3031 NE. 51st St.	3031 NE. 51st St.
Suite, Apt. #, etc.: 306	Suite, Apt. #, etc.: 306
City & State: Fort LAUDERDALE, Fl	City & State: FORT LAUDERDALE, Fl
Zip: 33308 Country:	Zip: 33308 Country:

4. FEI Number: 59-1898555 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINSKEY, EDWARD E JR 3030 NW 23 AVE FORT LAUDERDALE, FL 33311	Name Street Address (P.O. Box Number is Not Acceptable): 3031 NE 51st St. Apt. 306 City: Fort Lauderdale FL Zip Code: 33308

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: Pres Edward E Linskey Jr. 4/8/04
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LINSKEY, EDWARD E JR. 3031 NE 51ST FORT LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LINSKEY, EDWARD . JR. 3031 NE 51ST FORT LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Pres. Edward E Linskey Jr. 4/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #