

# 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  
3030 NW 23 AVE  
FT LAUDERDALE, FL 33311 US

Mailing Address  
2800 E COMMERCIAL BLVD  
#208  
FORT LAUDERDALE, FL 33308

2. Principal Place of Business

**3031 NE. 51st St.**

Suite, Apt. #, etc.

**306**

City & State

**FORT LAUDERDALE, FL**

Zip

**33308**

Country

3. Mailing Address

**3031 NE. 51st St.**

Suite, Apt. #, etc.

**306**

City & State

**FORT LAUDERDALE, FL**

Zip

**33308**

Country

04082004

Chg-P

CR2E034 (10/03)

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

LINSKEY, EDWARD E JR  
3030 NW 23 AVE  
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3031 NE 51st St.**

**Apt. 306**

City

**Fort Lauderdale**

FL

Zip Code

**33307**

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)

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

TITLE PD  
NAME LINSKEY, EDWARD E JR.  
STREET ADDRESS 3031 NE 51ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308 ☐ Delete

TITLE PD  
NAME LINSKEY, EDWARD . JR.  
STREET ADDRESS 3031 NE 51ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

*Pres. Edward E. Linskey Jr.* 4/8/04