

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002764

Entity Name: LINKMASTERS, INC.

FILED
Apr 08, 2004
Secretary of State

Current Principal Place of Business:

109 HINTON AVE., STE 1
WILMINGTON, NC 28403

New Principal Place of Business:

6619 STATE ROAD 54
NEW PORT RICHEY, FL 34653

Current Mailing Address:

6619 STATE ROAD 54
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 56-2175096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, HUGH M
6676 MILLSTONE DR.
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENE, RICK
Address: 6252 TURTLE HALL DR.
City-St-Zip: WILMINGTON, NC

Title: VCD () Delete
Name: MURPHY, HUGH
Address: 6675 MILLSTONE DR.
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGH M. MURPHY

VCD

04/08/2004

Electronic Signature of Signing Officer or Director

Date