

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000001902

1. Entity Name
FORTUNELINX, INC.



Principal Place of Business

8201 TRISTAR DRIVE
IRVING, TX 75063

Mailing Address

8201 TRISTAR DRIVE
IRVING, TX 75063

FILED

04 JUL 20 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4625745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
FALCONE, RICHARD
8201 TRISTAR DRIVE
IRVING, TX 75063

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KELSON, KEITH
8201 TRISTAR DRIVE
IRVING, TX 75063

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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07/26/04--01068--001 **150.00

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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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Kelson, Secretary

Date

Daytime Phone #

7/17/04

972 953-4138