

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003420

1. Entity Name
LINKAMERICA REAL ESTATE COMPANY



Principal Place of Business
**2627 EAST 21ST STREET, STE. 200
TULSA, OK 74114**

Mailing Address
**2627 EAST 21ST STREET, STE. 200
TULSA, OK 74114**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1535280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, PETER J
345 ENTERPRISE STREET
OCOE, FL 34761**

**DO NOT WRITE
IN THIS SPACE**

7. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**UN0000548176
05/12/06-80055-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COLLINS, ROGER B 1626 EAST 29TH STREET TULSA, OK 74114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRIGGERS, J. MICHAEL 4825 LARIAT TRAIL NORTH RICHLAND HILLS, TX 76180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLEN, ANTHONY D 5512 EAST 108TH PLACE TULSA, OK 74137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

ANTHONY D. ALLEN

4/25/06 918 743-2993

Date

Daytime Phone If