2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F98696

1. Entity Name
INTERLINK MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
1819 GLENGARY ST.	P.O BOX 4009
SARASOTA, FL 34231 US	SARASOTA, FL 34230 US

01252005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2229502	Not Applicable

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

6. Name and Address of Current Registered Agent

STOLL, JAMES M
1819 GLENGARY STREET
SARASOTA, FL 34231

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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution, ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	STOLL, JAMES M
STREET ADDRESS	1819 GLENGARY STREET
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	
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01/28/05-80096-015 150.00

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: _James M Stoll_   26 Jan, 2005   941 924-6789

James M. Stoll, As President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #