

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L46297

1. Entity Name
COMPULINK INSTALLATION SERVICES SOUTH, INC.



Principal Place of Business
**6555 N POWERLINE ROAD
STE 407
FT LAUDERDALE, FL 33309 US**

Mailing Address
**1205 GANDY BLVD, N
ST PETERSBURG, FL 33702 US**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2985878

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHEVLIN, STEVE
1205 GANDY BLVD, N
ST PETERSBURG, FL 33702**

**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 rebidding)

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	SHEVLIN, STEVE
STREET ADDRESS	1616 HUNTINGTON PL
CITY - ST - ZIP	SAFETY HARBOR, FL
TITLE	VPD
NAME	WILKIN, ROBERT T
STREET ADDRESS	2412 HAMPTON LANE N
CITY - ST - ZIP	SAFETY HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000150997
05/04/04-80027-021 150.00

**DO NOT WRITE
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)(f), 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Shevlin

4/29/04

Date

Daytime Phone #