

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 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**



03032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2985878**

Applied For  
☐ Not Applicable

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

**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 fee, if applicable.

(NOTE: Registered Agent signature required when reappointing)

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**

**1000000545767  
05/11/06-80087-021 150.00**

**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	

**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

*Stephen Shevlin*

*4/24/06*

Date

Daytime Phone #