

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000012113 1. Entity Name LINKSIDE MARKETING, INC.	
---	---

Principal Place of Business 3508 CARDINAL POINT DRIVE JACKSONVILLE, FL 32257	Mailing Address 3508 CARDINAL POINT DRIVE JACKSONVILLE, FL 32257
--	--



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3693657	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BOULEVARD SUITE 504 JACKSONVILLE, FL 32216
--

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

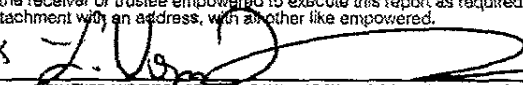
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000099178
03/30/04-80002-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPP, LEWIS V JR. 8136 SABAL OAK LANE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STREET, ROBERT H 3508 CARDINAL POINT DRIVE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLAZIER, SCOTT L 8825 PERIMETER PARK BLVD, SUITE 504 JACKSONVILLE, FL 32216
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 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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-22-04** Daytime Phone # _____