

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 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



03242005 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 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	S
NAME	STEPP, LEWIS V JR.
STREET ADDRESS	8136 SABAL OAK LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	P
NAME	STREET, ROBERT H
STREET ADDRESS	3508 CARDINAL POINT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	T
NAME	GLAZIER, SCOTT L
STREET ADDRESS	8825 PERIMETER PARK BLVD, SUITE 504
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000300091
04/12/05-80006-012 150.00

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/05 904-246-5261