2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2004 8:00 am Secretary of State

| | A1111474 | | | | 7 | Secret | ary of St | ıaıe |
|--|--|-------------------------------------|----------------------|---------------------------------|-----------------------------|---|-----------------------------|--------------|
| DOCUMENT # P01000095536 1. Entity Name POWER LINK SOLUTIONS, INC. | | | | | | | 4 90007 033 ***1. | |
| Principal Place | e of Business | Mailing Address | | | | ~ | 1740MU | |
| 1165 GUY ROAD | | 1165 GUY ROAD | | | | | | |
| ORLANDO, FL 32828 | | ORLANDO, FL 32828 | | | | | , | |
| OKEMBO, FI | 2020 | 0100000,12 02020 | | | | | | |
| | | | | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | |
| · | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 00400004 | Oh- D | CR2E034 (10/03) | | |
| , | | | | | 02192004 | Chg-P | CH2EU34 (10/03) | |
| City & State | | City & State | | | 4. FEI Numbe | er | Ap | plied For |
| | | | | | 59-383 | 7286 | No | t Applicable |
| Zip Country | | Zip | Count | ry | | | \$8.75 Add | fitional |
| | | <u>'</u> | | • | 5. Certificate | of Status Desired | Fee Require | |
| | 6. Name and Address of Currer | nt Registered Agent | ' - | | 7. Name and | Address of New I | Registered Agent | <u> </u> |
| | | | | Name 1 | | | | |
| SMITH, LA | ARRY C | | . [| LA | <u> </u> | mith | | |
| 1165 GUY ROAD ORLANDO, FL 32828 | | | | Street Address | (P.O. É ox Numb | er is Not Acceptabl | e) | |
| | | | | | | <u> </u> | | |
| | | | | 1165 | Guy | BD | | |
| | | | Ì | City (). | | | FL Zip Cod | e |
| | | | | ORV | An do | | - 300 | 878 |
| | named entity submits this statement | for the purpose of changing its | s registere | ed office or registe | ered agent, or bo | th, in the State of Fl | lorida. I am familiar with, | and accept |
| the obligat | tions of registered agent. | 1 | ł | _ | | 110 | · 1 1 2. | ia. csa |
| CICNIATURE | San I | M | - 1_ | ACCYC | Son | th 104 | 251 dont | 14-04 |
| SIGNATURE. | Signature, typed or printed name of registered age | ent and title if applicable. (NO | TE: Registered | 1 Agent signature require | ed when reinstating) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550 | 9. Election Campa Trust Fund Con | | | 5.00 May Be Ided to Fees | | | |
| 10. | OFFICERS AN | ID DIRECTORS | 11. | | ADDITIONS. | CHANGES TO OF | FICERS AND DIRECTOR | S IN 11 |
| TITLE | PS | ☐ Delete | TITLE | : | | | ☐ Change | Addition |
| NAME | SMITH, LARRY C | | NAME | £ | | | | |
| STREET ADDRESS | | | STREE | ET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO, FL 32828 | | CITY- | -ST-ZiP | • | | | |
| TITLE | VPT | Delete | TITLE | : | | | ☐ Change | Addition |
| NAME | SMITH, MELISSA R | | NAME | | | | Change | |
| STREET ADDRESS | 1165 GUY ROAD | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO, FL 32828 | | | -ST-ZIP | | | | |
| <u> </u> | G(12,11,150,172, 02020 | | | | | | [Change | Addition |
| TITLE | الماريونيية | Delete | TITLE | / | للمحسب للمدرسيان | | Change | ☐ Addition |
| NAME | | | NAME | ET ADDRESS | | | • | |
| STREET ADDRESS | | | | -ST-ZIP | | | | |
| CITY-ST-ZIP | | | CIII. | -21-514 | | | | |
| TITLE | | Delete | TITLE | | | | ☐ Change | Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY- | -ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | | → ☐ Change | Addition |
| NAME | | | NAMI | E | | | | |
| STREET ADDRESS | | | STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | S . CILA | -ST-ZIP | | | | |
| UHT-SI-ZIF | | | | | | | | |
| | | ☐ Delete | TITLE | <u> </u> | | | Change | Addition |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| TITLE NAME | | ☐ Delete | NAM | E E | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | | ☐ Delete | nami Stre | E E ET ADDRESS | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied w | | NAMI STRE CITY | E E ET ADDRESS -ST-ZIP | | (i) Cloude 0: | | |

12. Thereby certify that the information supplies with this mining does not quality to the exemption stated in Section 1-10-0/53(n), noticed stated so that the information indicated on this report or suppliemental 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 tike empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18FCTOR C. Smith-Priosident 2-19-

907-568434)