## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FIFT) **DOCUMENT # P02000068105** 04 OCT -5 PM 2: 14 LIFE LINKS COMMUNITY SOURCES, INC. SECRETARY OF STATE FALLAHASSEE. FLORIDA Frincipal Place of Business Mailing Address 17852 D LAKE CARLTON DRIVE P.O. BOX 272597 LUTZ, FL 33558 TAMPA, FL 33688 2. Principal Place of Business 3. Mailing Address 3402 Awbor Sune, Apt #, etc. Suite, Apt. #, etc. 08172004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 73-1639986 Tampa Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROSBY, CYNTHIA M 17852 D LAKE CARLTON DRIVE Street Address (P.O. Box Number is Not Acceptable) LUTZ, FL 33558 City Zip Code 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 onlightains of registered agent diddle degresques è quara a parça area, car appetant a capacia FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. $\Box$ Due by September 8, 2004 Trust Fund Contribution ADDITIONS/CHANGES TO OFFICERS AND CRECTORS IN 11 10. OFFICERS AND DIRECTORS 11, dit Defeto THE Addition ☐ Change CROSBY, CYNTHIA M Kaist. NAME POST OFFICE BOX 271257 STREET ADDRESS STRLET ADDRESS TAMPA, FL 33688 Dity-St 26 CHY-SI-ZP Sitt ☐ Delete DIES Apgitian BRRNAME JIREET ADDRESS STREET ADDRESS 601Y-\$1 2P CITY-ST-ZIP 1997 ☐ Delete 1(1) F Change IncilipbA [ NAME NAME STREET AFRICAGES STREET ADDRESS 1-19-51-51 CITY - ST-ZIP $\{j_i\}_{i=1}^{n}$ ☐ Delete TITLE ☐ Change ☐ Addition $t_i A_i A_i$ NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplientental report to true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an orticer 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.

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LifeLinks Community Sources Inc. PM 2: 14
P.O. Box 272597 • Tampa, Florida 33688-2597
Tel: (813) 968-1359 FALLAHASSEE, FLORIDA

August 3, 2004

## To Whom It May Concern:

I received a notice of Intent To Dissolve in the mail advising that LifeLink Community Sources has 60 days notice will be administratively dissolved/revoked and an additional reinstatement fee will be due if the annual report is not properly filed and the appropriate fee paid by September 8, 2004.

Please be advised that the annual report and fee for Lifelinks Community Sources, Inc. Document #P02000068105 was filed and sent via overnight mail on April 29, 2004. My records show that The Florida Department Of State received the report and fee on April 30, 2004 no later than 12:00 P.M.

My records also show that the Annual Corporation fee in the amount of \$150.00 (check 2280) made payable to the Florida Department Of State was cleared on May 5, 2004.

I have enclosed a copy of the report that was filed April 29, 2004 and the canceled check that cleared on May 5, 2004 for your records and so that my file may be updated properly.

Should you have any questions or concerns, please feel free to contact me as soon at the above provided telephone number.

Sincerely,

Cynthia M. Crosby Owner/President