

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90014 033 \*\*\*150.00

DOCUMENT # P02000119445  
 1. Entity Name  
 PROPERTYLINK SERVICES, INC.



Principal Place of Business Mailing Address  
 4707 E. BUSCH BLVD. 4707 E. BUSCH BLVD.  
 SUITE 106 SUITE 106  
 TAMPA, FL 33617 US TAMPA, FL 33617 US

54037568

2. Principal Place of Business 3. Mailing Address  
~~4707 E. BUSCH BLVD.~~ 15511 NORTH FLORIDA AVE. PO BOX 341435  
 Suite, Apt. #, etc. SUITE D Suite, Apt. #, etc.



04092004 Chg-P CR2E034 (10/03)

City & State TAMPA, FL City & State TAMPA, FL

4. FEI Number 61-1457690 Applied For  
 APPLIED FOR Not Applicable

Zip 33613 Country HILLSBOROUGH Zip 33694 Country HILLSBOROUGH

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

6. Name and Address of Current Registered Agent  
 SHELDON L. WIND, P.A.  
 5700 MEMORIAL HIGHWAY  
 SUITE 102  
 TAMPA, FL 33615

7. Name and Address of New Registered Agent  
 Name MICHAEL D. GREEN  
 Street Address (P.O. Box Number is Not Acceptable)  
 15511 NORTH FLORIDA AVE.  
 SUITE D  
 City TAMPA FL Zip Code 33613

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]* DATE: 4/12/04  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating.)

**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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CONNLEY, GEORGE	
STREET ADDRESS	4707 E. BUSCH BLVD., STE. 108	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, MICHAEL	
STREET ADDRESS	4707 E. BUSCH BLVD., STE. 1006	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby 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 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]* DATE: 4/12/04 DAYTIME PHONE #: 813 885-4657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. GREEN