


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 4707 E. BUSCH BLVD. SUITE 106 TAMPA, FL 33617 US	Mailing Address 4707 E. BUSCH BLVD. SUITE 106 TAMPA, FL 33617 US
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54037568



2. Principal Place of Business 4707 E. BUSCH BLVD. 15511 NORTH FLORIDA AVE. Suite, Apt. #, etc. SUITE D	3. Mailing Address PO BOX 341435 Suite, Apt. #, etc.
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04092004 Chg-P CR2E034 (10/03)

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33613	Country HILLSBOROUGH
Zip 33694	Country HILLSBOROUGH

4. FEI Number 61-1457690	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required
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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
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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: <u>[Signature]</u> DATE: <u>4/12/04</u> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNLEY, GEORGE 4707 E. BUSCH BLVD., STE. 108 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MICHAEL 4707 E. BUSCH BLVD., STE. 1006 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> MICHAEL D. GREEN	Date 4/12/04	Daytime Phone # 813 885-4657
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