

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90027 001 ***150.00

DOCUMENT # P02000130320					
1. Entity Name MISSING LINX, INC.					
Principal Place of Business 1800 ALAMANDA DRIVE NAPLES, FL 34102			Mailing Address 1800 ALAMANDA DRIVE NAPLES, FL 34102		
2. Principal Place of Business 1890 Gordon Dr. Suite, Apt. #, etc. Naples City & State FL Zip 34102 Country U.S.		3. Mailing Address 1890 Gordon Dr. Suite, Apt. #, etc. Naples City & State FL Zip 34102 Country U.S.			
4. FEI Number 33-1030615				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HOBAN, LINDA 1800 ALAMANDA DRIVE NAPLES, FL 34102			7. Name and Address of New Registered Agent Name: Linda Hoban Street Address (P.O. Box Number is Not Acceptable): 1890 Gordon Dr. City: Naples FL Zip Code: 34102		
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>Linda M Hoban</u> Linda M Hoban 2/25/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE)</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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME HOBAN, LINDA STREET ADDRESS 1800 ALAMANDA DRIVE CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE PTD NAME Linda Hoban STREET ADDRESS 1890 Gordon Dr. CITY-ST-ZIP Naples FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME STONEBURNER, MONICA STREET ADDRESS 3103 LEEWARD LANE CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		TITLE V NAME Wm. E. Hoban STREET ADDRESS 1890 Gordon Dr. CITY-ST-ZIP Naples FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<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>Linda M Hoban</u> Linda M. Hoban 2/25/04 239 784 2521			<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		