

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072229

Entity Name: AUTOLINK, INC.

FILED
Mar 15, 2004
Secretary of State

Current Principal Place of Business:

100 SECOND AVE NORTH STE 1201
ST PETERSBURG, FL 33701

New Principal Place of Business:

800 SECOND AVE SOUTH
SUITE 380
ST PETERSBURG, FL 33701

Current Mailing Address:

100 SECOND AVE NORTH STE 1201
ST PETERSBURG, FL 33701

New Mailing Address:

800 SECOND AVE SOUTH
SUITE 380
ST PETERSBURG, FL 33701

FEI Number: 56-2401782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
100 SECOND AVE NORTH STE 1201
ST PETERSBURG, FL 33701

Name and Address of New Registered Agent:

LECOMPTE, MORRIS A
800 SECOND AVE SOUTH
SUITE 380
ST PETERSBURG, FL 33701

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.

SIGNATURE: _____

03/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: MURPHY, PATRICK M
Address: 7203 - 121ST TERRACE
City-St-Zip: LARGO, FL 33733 US

Title: ST () Change (X) Addition
Name: LECOMPTE, MORRIS A
Address: 800 SECOND AVENUE SOUTH STE 380
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS A. LECOMPTE

ST

03/15/2004

Electronic Signature of Signing Officer or Director

Date