


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 AM
Secretary of State

| | |
|----------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000072229 |  |
| 1. Entity Name AUTOLINK, INC. | |

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|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business 800 SECOND AVE SOUTH SUITE 380 ST PETERSBURG, FL 33701 | Mailing Address 800 SECOND AVE SOUTH SUITE 380 ST PETERSBURG, FL 33701 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|



02112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 56-2401782 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Patrick M. Murphy
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | P |
| NAME | MURPHY, PATRICK M |
| STREET ADDRESS | 7203 - 121ST TERRACE |
| CITY-ST-ZIP | LARGO, FL 33733 |
| TITLE | ST |
| NAME | LECOMPTE, MORRIS A |
| STREET ADDRESS | 800 SECOND AVENUE SOUTH STE 380 |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33701 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000563470
05/20/06-80011-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #