

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000077950

1. Entity Name
LINC COMMUNICATION, INC.



Principal Place of Business
**8192 SE PEPPERCORN CT.
HOBE SOUND, FL 33455 US**

Mailing Address
**P.O. BOX 1777
HOBE SOUND, FL 33475 US**

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0134835

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OREIRO, FLORENCE
8192 SE PEPPERCORN CT.
HOBE SOUND, FL 33455**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000698979
04/10/07-80021-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OREIRO, FLORENCE L
STREET ADDRESS	8192 SE PEPPERCORN CT.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	V
NAME	OREIRO, JOSEPH P
STREET ADDRESS	8142 SE PEPPERLORN COURT
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

3/28/07