

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000010238

1. Entity Name
LINKSIDE SALES & MARKETING, INC.



Principal Place of Business

8136 SABAL OAK LN
JACKSONVILLE, FL 32256

Mailing Address

8136 SABAL OAK LN
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0736748

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINGER, DAVID M
302 THIRD STREET, SUITE 5
NEPTUNE BEACH, FL 32266

**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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STREET, LINDA C
STREET ADDRESS 8652 PEBBLE CREEK LN
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VPD
NAME STEPP, SUSAN C
STREET ADDRESS 8136 SABAL OAK LN
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE SD
NAME STREET, ROBERT H
STREET ADDRESS 8652 PEBBLE CREEK LN
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE TD
NAME STEPP, LEWIS V JR
STREET ADDRESS 8136 PEBBLE CREEK LN
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000640600
02/28/07-80072-004 150.00

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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 #

2-14-07 904-814-7088