


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000010238</b> 1. Entity Name LINKSIDE SALES & MARKETING, INC.	
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Principal Place of Business 8136 SABAL OAK LN JACKSONVILLE, FL 32256	Mailing Address 8136 SABAL OAK LN JACKSONVILLE, FL 32256
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02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0736748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STREET, LINDA C 8652 PEBBLE CREEK LN JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEPP, SUSAN C 8136 SABAL OAK LN JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STREET, ROBERT H 8652 PEBBLE CREEK LN JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPP, LEWIS V JR 8136 PEBBLE CREEK LN JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000840465  
03/06/08-80049-022 150.00

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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: Wage Stepp 2-21-08 904-814-7088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #