

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056358

Entity Name: INTERLYNK SYSTEMS, INC.

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

12327 RICHARDS GLEN CT.  
JACKSONVILLE, FL 32258 US

## New Principal Place of Business:

12148 BACKWIND DR.  
JACKSONVILLE, FL 32258 US

## Current Mailing Address:

12327 RICHARDS GLEN CT.  
JACKSONVILLE, FL 32258 US

## New Mailing Address:

12148 BACKWIND DR.  
JACKSONVILLE, FL 32258 US

FEI Number: 86-1135520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOIBERG, CHRISTOPHER M  
12327 RICHARDS GLEN CT.  
JACKSONVILLE, FL 32258 US

## Name and Address of New Registered Agent:

HOIBERG, CHRISTOPHER M  
12148 BACKWIND DR.  
JACKSONVILLE, FL 32258 US

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: CHRISTOPHER M. HOIBERG

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: HOIBERG, SARAH J  
Address: 12327 RICHARDS GLEN CT.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: P ( ) Delete  
Name: HOIBERG, CHRISTOPHER M  
Address: 12327 RICHARDS GLEN CT.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: V ( ) Delete  
Name: D'AMICO, BRIAN K  
Address: 512 TUPELO TRACE  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: HOIBERG, SARAH J  
Address: 12148 BACKWIND DR.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: P (X) Change ( ) Addition  
Name: HOIBERG, CHRISTOPHER M  
Address: 12148 BACKWIND DR.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTOPHER M. HOIBERG

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date