

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90082 046 ***150.00

DOCUMENT # P06000006589 1. Entity Name QUICKLINK, INC.					
Principal Place of Business 832 LUCERNE CIRCLE ORMOND BEACH, FL 32174 US			Mailing Address 832 LUCERNE CIRCLE ORMOND BEACH, FL 32174 US		
2. Principal Place of Business - No P.O. Box # 570 Memorial Cir, Ste 30		3. Mailing Address PO Box 730178			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ormond Beach, FL		City & State Ormond Beach, FL		4. FEI Number 20-4098262	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, BRENDA S 832 LUCERNE CIRCLE ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-statuting) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BRYANT, BRENDA S STREET ADDRESS 832 LUCERNE CIRCLE CITY- ST- ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BRYANT, THOMAS J JR. STREET ADDRESS 832 LUCERNE CIRCLE CITY- ST- ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Brenda Bryant</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/07 (386) 676-4444 <small>DATE TIME PHONE #</small>		