2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2007-90001-018-$150.00-$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07032007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000043583

1. Entity Name
AMERICAN REALTY LINK COMPANY

Principal Place of Business	Mailing Address
33 6TH STREET SOUTH 201 ST PETERSBURG, FL 33701	~~33 6TH STREET SOUTH~~ ~~201~~ ~~ST PETERSBURG, FL 33701~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P.O. Box 1816	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: St. Petersburg, FL	
Zip	Country	Zip: 33731	Country: USA

4. FEI Number: 20-4563949 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHEN SIMONE, P.A.
6439 CENTRAL AVENUE
ST. PETERSBURG, FL 33710

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
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, JOHN R 33 6TH STREET SOUTH SUITE 201 ST PETERSBURG, FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Miller, John R. P.O. Box 1816 St. Petersburg, FL 33731	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: John R. Miller 09-10-07 727-512-3845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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