

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000044101

1. Entity Name

MISSING LINK CONSULTANTS, INC.



Principal Place of Business

8211 WEST BROWARD BLVD
PH-1 FIFTH FLOOR
PLANTATION, FL 33324-2745 US

Mailing Address

8211 WEST BROWARD BLVD
PH-1 FIFTH FLOOR
PLANTATION, FL 33324-2745 US



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0604631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORKEY, DONNA L
8211 W BROWARD BLVD
PH-1 FIFTH FLOOR
PLANTATION, FL 33324-2745

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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, 2004 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	HORKEY, DONNA L
STREET ADDRESS	8211 W BROWARD BLVD PH 1 5TH FL
CITY-ST-ZIP	PLANTATION, FL 333242745
TITLE	STD
NAME	HORKEY, FRANK
STREET ADDRESS	8211 W BROWARD BLVD PH1 5TH FL
CITY-ST-ZIP	PLANTATION, FL 333242745
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Frank J Horkey
Frank J Horkey

2/4/04

Date

954-577-9700

Daytime Phone