2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000056317

1. Entity Name
LINKS TERMITE & PEST CONTROL, INC.

Principal Place of Business	Mailing Address
15803 COTTONTAIL PLACE	15803 COTTONTAIL PLACE
TAMPA, FL 33624	TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

07102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3385605	Not Applicable

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

6. Name and Address of Current Registered Agent

GOBIN, LINCOLN
15803 COTTONTAIL PLACE
TAMPA, FL 33624

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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)

07/14/05 ...2-001 150.00

DATE

FILE NOW!!! FEE IS $150.00 **Due by September 7, 2005**	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

TITLE	PD
NAME	GOBIN, LINCOLN
STREET ADDRESS	15803 COTTONTAIL PLACE
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	
NAME	
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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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: _____   12th July 2005   813-968-7185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #