


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000060048</b> 1. Entity Name LINKS ANALYTICAL, INC.	
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Principal Place of Business 1748 ASTON HALL DR. E. JACKSONVILLE, FL 32246-0640 US	Mailing Address 3545-1 ST. JOHNS BLUFF RD. STE. 300 JACKSONVILLE, FL 32224 US
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09022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3394401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MORGEN, DJ 7006 ATLANTIC BLVD JACKSONVILLE, FL 32211	<b>DO NOT WRITE IN THIS SPACE</b>
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLEMAN, RONALD L 1748 ASTON HALL DR. E. JACKSONVILLE, FL	
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09/08/04-80005-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>Ronald L. Coleman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>SEP 2, 2004</b> <small>Date</small>	Daytime Phone #: <b>904-641-8688</b> <small>Daytime Phone #</small>
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