

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000100527

1. Entity Name
INTERLINK COMMUNICATION SYSTEMS, INC.



Principal Place of Business
4400 140TH AVENUE NORTH, SUITE 250
CLEARWATER, FL 34622

Mailing Address
4400 140TH AVENUE NORTH, SUITE 250
CLEARWATER, FL 34622



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3414305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POAD, MARTIN L
4400 140TH AVENUE NORTH, SUITE 250
CLEARWATER, FL 34622

**DO NOT WRITE
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

000000127323
04/23/04-80069-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCST
POAD, MARTIN L
4400 140TH AVENUE NORTH, SUITE 250
CLEARWATER, FL 34622

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
POAD, DIANE R
2148 LAURENCE DR
CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
SCOTT, WILLIAM A
2760 WESTCHESTER DR. N.
CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
HIGGINS, ALAN E
2805 LUCE CIRCLE
CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
STRAUB, THOMAS W
1740 OYSTER POINT WAY
PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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:

William A. Scott VP. *William A. Scott*

4/20/04

127-524-8663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #