

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 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**



03152006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000474457
04/04/06-80024-013 150.00**

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
**DP
HIGGINS, ALAN E
2805 LUCE CIRCLE
CLEARWATER, FL**

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 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: William A Scott William A. Scott 3/15/06 727-524-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone