

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90017 001 ***150.00

DOCUMENT # P96000100527

1. Entity Name
INTERLINK COMMUNICATION SYSTEMS, INC.



40035000



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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

59-3414305

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DC CEO T ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
HIGGINS, ALAN E
2805 LUCE CIRLCE
CLEARWATER, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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 officers like empowered.

SIGNATURE:

[Signature] V.P.

2-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Even Phone #