

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90208 021 ***150.00

DOCUMENT # P98000028308

1. Entity Name
LINKS AVENUE, INC.



Principal Place of Business
POST OFFICE BOX 3948
SARASOTA, FL 34230

Mailing Address
POST OFFICE BOX 3948
SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0838983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNLAP, SCOTT W
1990 MAIN STREET, SUITE 700
SARASOTA, FL 34236

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DUNLAP, SCOTT W
STREET ADDRESS POST OFFICE BOX 3948
CITY-ST-ZIP SARASOTA, FL 34230

TITLE D
NAME DORE, STEPHEN W
STREET ADDRESS 1345 MAIN ST C-2
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME MORAN, JOHN A
STREET ADDRESS P O BOX 3948
CITY-ST-ZIP SARASOTA, FL 342303948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steve Dore

7/12/07

941-954-5555