


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90251 005 ***150.00

14009397

DOCUMENT # P98000103114 1. Entity Name LINKSIDE DEVELOPMENT, INC.					
Principal Place of Business 3200 SUGARLOAF KEY RD PUNTA GORDA, FL 33955			Mailing Address 1900 LAGOON LANE CAPE CORAL, FL 33914		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914 Zip Country		04192005 Chg-P CR2E034 (10/03)	
4. FEI Number 58-2541004				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, JAMES E III 1625 W MARION AVE SUITE 2 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 - ST - ZIP	PD STOUT, WILLIAM J 1900 LAGOON LANE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SHEEHAN, ROBERT L 3491 BUCKHEAD LOOP ATLANTA, GA 30326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Craig A Dearden 5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCGOUGH, PETER T 1900 LAGOON LANE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jane Kirkman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER			Jane Kirkman, April 22, 2005 (239)541- 1372 Date		