2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060646

Entity Name: LNK DEVELOPMENT, INC.

930 POCAHONTAS DR.

FORT WALTON BEACH, FL 32547

Address:

City-St-Zip:

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 930 POCAHONTAS DR FT. WALTON BEACH, FL 32547 **Current Mailing Address: New Mailing Address:** 930 POCAHONTAS DR FT. WALTON BEACH, FL 32547 FEI Number: 59-3587757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLINE, LARRY N 930 PÓCAHONTAS STREET FT. WALTON BEACH, FL 32547 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KLINE, LARRY N Name: Name: 930 POCAHONTAS DR. Address: Address: City-St-Zip: FT. WALTON BEACH, FL 32547 City-St-Zip: Title: **VPS** Title: () Delete (X) Change () Addition Name: KLINE, NANCY H Name: KLINE, NANCY H

Address:

City-St-Zip:

930 POCAHONTAS DR.

FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY KLINE DVS 01/06/2009