


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000111946 1. Entity Name NETLINK TECHNOLOGIES INTEGRATED, INC.	
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Principal Place of Business 4400 140TH AVENUE NORTH SUITE 250 CLEARWATER, FL 34622	Mailing Address 4400 140TH AVENUE NORTH SUITE 250 CLEARWATER, FL 34622
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000123886
04/22/04-90022-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT POAD, MARTIN L 4400 140TH AVE N STE 250 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POAD, DIANE R 4400 140TH AVE N STE 250 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRAUB, THOMAS W 4400 140TH AVE N STE 250 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV SCOTT, WILLIAM A 4400 140TH AVE N STE 250 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HIGGINS, ALAN E 4400 140TH AVE N STE 250 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 W. William A. Scott 4/20/04 727-524-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #