

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000103302

**Entity Name:** DISTRIBUTOR'S LINK, INC.

**Current Principal Place of Business:**

4297 CORPORATE SQUARE N  
NAPLES, FL 34104

**Current Mailing Address:**

4297 CORPORATE SQUARE N  
NAPLES, FL 34104

**FEI Number:** 65-0721347

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COAR, LEO  
4297 CORPORATE SQUARE N  
NAPLES, FL 34104 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

**Officer/Director Detail :**

Title	P	Title	DIRECTOR
Name	COAR, LEO	Name	COAR, PALMYRA A
Address	4297 CORPORATE SQUARE N	Address	4297 CORPORATE SQUARE N
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104

*I hereby 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 all other like empowered.*

**SIGNATURE:** LEO J. COAR

**PRESIDENT**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date