

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90001 019 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

54067682



<b>DOCUMENT # 718120</b>			
1. Entity Name <b>NETTLES ISLAND, INC.</b>			
Principal Place of Business 9801 SOUTH OCEAN DR. JENSEN BCH, FL 34957		Mailing Address 9801 SOUTH OCEAN DR. JENSEN BCH, FL 34957	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1407317		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
-B- Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORNETT, JANE L 401 E. OSCEOLA ST. RIVER OAK CENTER STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature requires witness consent.)</small>			
X <b>Filing Fee is \$81.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEABODY, ESTHER 270 NETTLES BLVD JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SELBY, KENNETH 641 NETTLES BLVD JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kenneth Selby 641 Nettles Blvd, Jensen Bch, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete ATTANASIO, JOHN 816 NETTLES BEACH BLVD JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Attanasio, 816 Nettles Bch Blvd Jensen Bch, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLER, JOHN 86 NETTLES BLVD JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Miller, 86 Nettles Blvd. Jensen Bch, FL 34957 <input checked="" 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	Secretary Donald De Winter, 503 Nettles Blvd Jensen Bch, FL 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Paul Ledoux, 945 Nettles Blvd Jensen Bch, FL 34957 <input type="checkbox"/> Change <input checked="" 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(2)(b), Florida Statutes. I further certify that the information indicated on this report is true, correct, 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 authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in block 10 or Block 11 as changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Paul Ledoux</i>		-PAUL LEDOUX 7/23/04 TREASURER	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF EACH OFFICER OR DIRECTOR</small>			