


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L47782 1. Entity Name ISLAND RENTALS OF BOCA GRANDE, INC.	
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Principal Place of Business 333 PARK AVENUE BOCA GRANDE, FL 33921 US	Mailing Address P.O. BOX 1466 BOCA GRANDE, FL 33921-1466 US
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DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0189078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BATSEL, C. GUY
1861 PLACIDA RD
SUITE 104
ENGLEWOOD, FL 34223**

**DO NOT WRITE
IN THIS SPACE**

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SEITZ, STACEY 231 DAMNFICARE ST. BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAUDIOSO, LUCY G 87 OAKLAND HILLS CT. ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Lucy G. Gaudioso **LUCY G. GAUDIOSO** 2/24/05 941-964-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #