## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # L47782

1. Entity Name ISLAND RENTALS OF BOCA GRANDE, INC.

Principal Place of Business Mailing Address

333 PARK AVENUE BOCA GRANDE, FL 33921

P.O. BOX 1466

BOCA GRANDE, FL 33921-1466 US

## **FILED** Apr 17, 2008 08:00 Al Secretary of State



04102008 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0189078

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATSEL, C. GUY 1861 PLACIDA RD **SUTE 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					
FILE NOW!!! FEE is \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000903805 04/30/08-80061-012 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PVD SEITZ, STACY 231 DAMNFICARE ST. BOCA GRANDE, FL 33921				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAS, RENATA 18 ARLINGTON DR PLACIDA, FL 33946				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ITED NAME OF BIGNING OFFICER OR DIRECTOR