

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 328205

1. Entity Name
ISLAND VIEW DEVELOPMENT CORP.



Principal Place of Business

**8510 NAVARRE PKWY
NAVARRE, FL 32566**

Mailing Address

**8510 NAVARRE PKWY
NAVARRE, FL 32566**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1215768

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRUCE, IRA MAE
8510 NAVARRE PKWY
NAVARRE, FL 32566**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRUCE, IRA MAE
STREET ADDRESS	8510 NAVARRE PKWY
CITY-STATE-ZIP	NAVARRE, FL
TITLE	S
NAME	HEWATT, MATTHEW
STREET ADDRESS	8510 NAVARRE PKWY
CITY-STATE-ZIP	NAVARRE, FL
TITLE	S
NAME	BARRE, BRENDA
STREET ADDRESS	8510 NAVARRE PKWY
CITY-STATE-ZIP	NAVARRE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/19/07-80051-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Ira Mae Hewatt Bruce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2007 850-939-2366
DATE Daytime Phone #