2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005
Secretary of State

DOCUMENT# 598837

Entity Name: ISLANDER RESTAURANT, INCORPORATED

Current Principal Place of Business:

139B W. GORRIE DRIVE
ST. GEORGE ISLAND, FL 32328 US

New Principal Place of Business:

Current Mailing Address:

228 FRANKLIN BLVD
ST. GEORGE ISLAND, FL 32328 US

New Mailing Address:

FEI Number: 59-1871210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMISTEAD, VERONICA C.
FRANKLIN BLVD. WEST
ST. GEORGE ISLAND
EAST POINT, FL 32328 US

Name and Address of New Registered Agent:

ARMISTEAD, VERONICA C.
228 FRANKLIN BLVD
ST. GEORGE ISLAND
EAST POINT, FL 32328 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: VERONICA C ARMISTEAD 06/06/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARMISTEAD, VERONICA, C.
Address: 228 FRANKLIN BLVD.
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: ST ( ) Delete
Name: ARMISTEAD, WALTER J.,
Address: 228 FRANKLIN BLVD.
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: VP ( ) Delete
Name: SHIVER, JOANN A
Address: 228 FRANKLIN BLVD.
City-St-Zip: ST. GEORGE ISLAND, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 an address, with all other like empowered.

SIGNATURE: JO ANN A SHIVER VP 06/06/2005
Electronic Signature of Signing Officer or Director Date