

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 658065

1. Entity Name
ISLAND REALTY AND PROPERTY MANAGEMENT, INC.



Principal Place of Business
**224 DATURA STREET
#807
WEST PALM BEACH, FL 33401**

Mailing Address
**P.O. BOX 888
PALM BEACH, FL 33480**

DO NOT WRITE IN THIS SPACE

**FILED
Jan 10, 2005 8:00 am
Secretary of State**

01-10-2005 90028 037 ***150.00

400000014

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2003574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PARKEY, DRINA C
224 DATURA STREET #807
WEST PALM BEACH, FL 33401**

**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, 2005 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 PARKEY, DRINA C
STREET ADDRESS 200 FLAGLER LN.	CITY-ST-ZIP WEST PALM BEACH, FL 33407
TITLE S	NAME PARKEY, DRINA C
STREET ADDRESS 200 FLAGLER LN.	CITY-ST-ZIP WEST PALM BEACH, FL 33407
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 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 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: Drina Parkey, Pres. Drina Parkey, Pres. 1/7/05 561-659-3263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #