## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#711608** 

Entity Name: THE ISLAND GROUP, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

22146 DUPREE DRIVE

LAND O LAKES, FL 346390263

Current Mailing Address: New Mailing Address:

P.O. BOX 263

LAND O LAKES, FL 346390263

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCNEELY, MARJI TREAS.

P.O. BOX 263

MCNEELY, MARJI TREAS.
22046 DUPREE DR.

LAND O'LAKES, FL 34639 US LAND O'LAKES, FL 34639 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: 04/30/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D ( ) Delete Title: D (X) Change ( ) Addition

Name: MARINELLI, BRIAN PRES. Name: TREANOR, JOHN PRES.
Address: 3600 E. FLETCHER AVE. #18 Address: 1779 AUDREY DR.
City-St-Zip: TAMPA, FL 33613 US City-St-Zip: CLEARWATER, FL 33579 US

Title: DS () Delete Title: DS (X) Change () Addition
Name: PARKER, LUCY SEC. Name: WESTENHOUSER, BOB SEC.
Address: P O BOX 1189 Address: 207 S MCMULLEN BOOTH RD #19

 Address:
 P.O. BOX 1189
 Address:
 207 S. MCMULLEN BOOTH RD. #198

 City-St-Zip:
 LAND O LAKES, FL 34639 US
 City-St-Zip:
 CLEARWATER, FL 33759 US

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition

Name: MCNEELY, MARJI TREAS. Name: MCNEELY, MARJI TREAS.
Address: P.O. BOX 338 Address: 22046 DUPREE DR.

City-St-Zip: LAND O LAKES, FL 34639 US City-St-Zip: LAND O LAKES, FL 34639 US

Title: DVP ( ) Delete Title: DVP (X) Change ( ) Addition

Name: FORREST, CHERYL V.P. Name: FORREST, CHERYL V.P. Address: P.O. BOX 1244 Address: 22096 DUPREE DR

City-St-Zip: LAND O LAKES, FL 34639 US City-St-Zip: LAND O LAKES, FL 34639 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJI MCNEELY DT 04/30/2007