

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711608

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: THE ISLAND GROUP, INC.

## Current Principal Place of Business:

22146 DUPREE DRIVE  
LAND O LAKES, FL 346390263

## New Principal Place of Business:

22146 DUPREE DRIVE  
LAND O LAKES, FL 34639

## Current Mailing Address:

P.O. BOX 263  
LAND O LAKES, FL 346390263

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

MCNEELY, MARJI TREAS.  
22046 DUPREE DR.  
LAND O'LAKES, FL 34639 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BROWER, HARVEY PRES.  
Address: 13523 LUNKER COURT  
City-St-Zip: ODESSA, FL 33556 US

Title: DS ( ) Delete  
Name: PEARSON, ROYCE SEC.  
Address: P.O. BOX 151213  
City-St-Zip: TAMPA, FL 33684 US

Title: DT ( ) Delete  
Name: MCNEELY, MARJI TREAS.  
Address: 22046 DUPREE DR.  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: DVP ( ) Delete  
Name: MCNEELY, BURTON V.P.  
Address: 22048 DUPREE DR  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MYERS, DAN PRES.  
Address: 22123 DUPREE DR  
City-St-Zip: LAND O LAKES, FL 34639 US

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

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

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

Title: DD ( ) Change (X) Addition  
Name: TREANOR, JOHN DIR  
Address: 1779 AUDREY DR.  
City-St-Zip: CLEARWATER, FL 33579

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

04/28/2009

Electronic Signature of Signing Officer or Director

Date