

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90116 007 ***150.00
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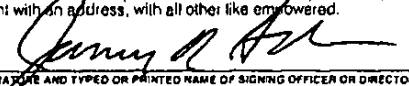
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06302005 Chg-P CR2E034 (10/03)

DOCUMENT # 835069			
1. Entity Name ISLAND FINANCIAL CORP.			
Principal Place of Business 6210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 US		Mailing Address 6210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 US	
2. Principal Place of Business 6210 LAKEWOOD RANCH BLVD		3. Mailing Address 6210	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRADENTON FL		City & State	
Zip 34202		Country USA	
4. FEI Number 42-0641002		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEIM, PRISCILLA G 6210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6210 LAKEWOOD RANCH BLVD City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEIM, PRISCILLA G 6210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDA SCHIER, JAMES R 6210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		7/1/05 94-328.1040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	