


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90014 010 ***150.00

DOCUMENT # F01000004694

1. Entity Name
ISLAND CONSULTING, INC.



Principal Place of Business
**10351 SADDLEBOW LANE
 SARASOTA, FL 34241**

Mailing Address
**10351 SADDLEBOW LANE
 SARASOTA, FL 34241**

J4UBJ041

2. Principal Place of Business
 Suite, Apt. #, etc.
 , City & State
 Zip Country

3. Mailing Address
46 N. WASHINGTON BLVD.
SUITE 1
 City & State
SARASOTA, FL 34236
 Zip Country
34236



07132004 Chg-P CR2E034 (10/03)

4. FEI Number
52-1845479

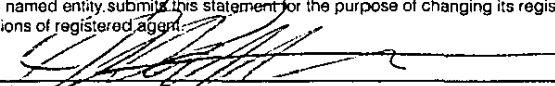
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PATTERSON, JOHN
 46 N. WASHINGTON BLVD., #1
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent
 Name
LPS CORPORATE SERVICES, INC.
 Street Address (P.O. Box Number is Not Acceptable)
46 N. WASHINGTON BLVD.
SUITE 1
 City
SARASOTA FL Zip Code
34236

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

By: John Patterson, Its President

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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	PSTD TUBBS, THOMAS N 10351 SADDLEBOW LANE SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **PRESIDENT** (941) 922-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
THOMAS N. TUBBS, President