2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2005 8:00 am Secretary of State

922-3808

Daytime Phone #

(941)

DOCUMENT # F0100004694 1. Entity Name ISLAND CONSULTING, INC.							03-03-2005 90168 039 ***150.00				
Principal Place of Business M				Mailing Address							
10351 SADDLEBOW LANE				46 N WASHINGTON BLVD							
SARASOTA, FL 34241			STE 1								
Station, it over				SARASOTA, FL 34236			}				
2. Principal Place of Business				3. Mailing Address							
										•	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02162005 Chg-P CR2E034 (10/03)				
City & State			City & State				4. FEI Number Applied For 52-1845479 Not Applicable				
Zip	Country				Coun	itry	Certificate of Status Desired				
6. Name and Address of Current Regi				Agent			7. Name and	Address of New R	egistered Ag	ent	
						Name					
LPS CORPORATE SERVICES, INC 46 N WASHINGTON BLVD				Street Addr			(P.O. Box Number is Not Acceptable)				
STE 1						<u> </u>		•			
SARASOTA, FL 34236						0.5				Tin Code	
						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.											
SIGNATURE Signature, typed or printed name of registured agent and trife it applicable. (NOTE: Registered Agent argnature required when (elentating) OATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.							.00 May Be ded to Fees				
10.		DIRECTOR	is	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11	
TITLE	PSTD	PSTD Delete				E	Change Addition				
NAME	TUBBS, 1	THOMAS N			NAM	iE					
STREET ADDRESS	10351 SA	DDLEBOW LANE			STRI	EET ADDRESS					
CITY-ST-ZIP	SARASO	TA, FL			CITY	r-ST-ZIP					
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NAME					NAA						
STREET ADDRESS						EET ADORESS					
City-St-ZIP						Y-ST-ZIP					
12. I hereby	certify that th	ne information supplied wit	h this filing i	does not qualify to	or the exe	emption stated in S	ection 119.07(3)	(i), Florida Statutes.	I further certif	ly that the i	nformation
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 each; 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 ampowered.											

SIGNATURE AND TYPED DIFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: