


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90181 046 ***150.00

| | |
|---|---|
| DOCUMENT # F01366 1. Entity Name ISLANDER CONSTRUCTION, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 8031 ISLAND DR. PORT RICHEY, FL 34668 | Mailing Address 8031 ISLAND DR. PORT RICHEY, FL 34668 |
|---|---|

DO NOT WRITE IN THIS SPACE

40000013



03192007 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 59-2038465 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

COAST, SHELLY A
8031 ISLAND DR.
PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

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

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD COAST, SHELLY A 8031 ISLAND DR. PORT RICHEY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS DOMBROWSKI, EVELYN 8031 ISLAND DR. PORT RICHEY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

PLEASE DELETE - MOTHER PASSPORT AWAY.

WILL FILE NEW CORP. OFFICIAL LATER.

COULD NOT DO ONLINE.

TRIED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Shelly Coast 4-17-07 727 849-8302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #