

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F01366

1. Entity Name  
ISLANDER CONSTRUCTION, INC.



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

04-25-2007 90181 046 \*\*\*150.00

400000010



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

**DO NOT WRITE IN THIS SPACE**

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.  \$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	OFFICER LTD.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COULD NOT DO = ↑
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRYED

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07 727-849-8302

Date

Daytime Phone #