

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000002623

1. Entity Name  
ISLANDER BUILDERS, INC.



FILED

08 JUN 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
21108 COUNTRY CREEK DR.  
BOCA RATON, FL 33428

Mailing Address  
21108 COUNTRY CREEK DR.  
BOCA RATON, FL 33065



2. Principal Place of Business - No P.O. Box #  
1862 Pierpoint Street  
Suite, Apt. #, etc.

3. Mailing Address  
1862 Pierpoint Street  
Suite, Apt. #, etc.

06162008 Chg-P CR2E034 (12/06)

City & State  
North Port FL  
Zip  
34288  
Country  
SARASOTA

City & State  
North Port FL  
Zip  
34288  
Country  
SARASOTA

4. FEI Number  
20-2664447  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICOSTANZO, BONNIE  
21108 COUNTRY CREEK DR.  
BOCA RATON, FL 33428

Name  
Tom Gepfrich  
Street Address (P.O. Box Number is Not Acceptable)  
1862 Pierpoint Street  
City  
North Port FL  
Zip Code  
34288

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

Amended AR is \$61.25

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  
P  
GEPFRICH, THOMAS  
21108 COUNTRY CREEK DR.  
BOCA RATON, FL 33428 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
PARRISH, JAMES C  
21108 COUNTRY CREEK DR.  
BOCA RATON, FL 33428 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
900131833259  
06/24/08--01041--001 \*\*\$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP WALTER PAULICK  
1862 Pierpoint Street  
North Port FL 34288 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #