


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90054 012 \*\*\*150.00

<b>DOCUMENT # F55527</b> 1. Entity Name <b>ISLAND REHABILITATION &amp; FITNESS CENTER, INC.</b>					
Principal Place of Business <b>19 BALD EAGLE DRIVE, SUITE #F</b> <b>MARCO ISLAND, FL 33937</b>			Mailing Address <b>19 BALD EAGLE DRIVE, SUITE #F</b> <b>MARCO ISLAND, FL 33937</b>		
2. Principal Place of Business <i>19 Bald Eagle Dr</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc. <b>F</b>		Suite, Apt. #, etc. <i>same</i>			
City & State <b>Marco Island, FL</b>		City & State <i>same</i>		4. FEI Number <b>59-2144382</b>	
Zip <b>34145</b>		Country <b>USA</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CLAPPER, III, JOHN</b> <b>850 PARKSHORE DR. #300</b> <b>TRIANON CTR, 3RD FLOOR</b> <b>NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <i>same</i> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>FERNANDO, C.K.</b> STREET ADDRESS <b>1281 TRAIL TERRACE DR</b> CITY-ST-ZIP <b>NAPLES, FL 34103</b>	<input type="checkbox"/> Delete		TITLE <i>same</i> NAME <i>same</i> STREET ADDRESS <i>new: 8840 Mariposa Ct.</i> CITY-ST-ZIP <i>Naples, FL 34113</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE <b>VP, Secretary, Treasurer</b> NAME <b>Saralane Harter</b> STREET ADDRESS <b>2134 Palm Street</b> CITY-ST-ZIP <b>Naples, FL 34112</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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: <i>Saralane Harter</i> VP of IRC, Inc 1/15/04 239 394 4136 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					