

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F77964

FILED
Mar 06, 2009
Secretary of State

Entity Name: ISLAND HARBOR RESORT MANAGEMENT, INC.

Current Principal Place of Business:

7092 PLACIDA ROAD
CAPE HAZE, FL 33946

New Principal Place of Business:

Current Mailing Address:

7092 PLACIDA ROAD
CAPE HAZE, FL 33946

New Mailing Address:

FEI Number: 59-2365979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKSTEAD, DEAN
7092 PLACIDA RD
CAPE HAZE, FL 339462501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS S () Delete
Name: BECKSTEAD, DEAN
Address: 7092 PLACIDA RD.
City-St-Zip: CAPE HAZE, FL

Title: PTD () Delete
Name: BECKSTEAD, DEAN
Address: 7092 PLACIDA RD.
City-St-Zip: CAPE HAZE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BECKSTEAD, DEAN
Address: 7092 PLACIDA RD.
City-St-Zip: CAPE HAZE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN L. BECKSTEAD

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03/06/2009

Electronic Signature of Signing Officer or Director

Date