

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90262 009 ***150.00

DOCUMENT # G72407

1. Entity Name
ISLAND PALM REAL ESTATE, INC.



Principal Place of Business
**4005 DEL PARDO BLVD
CAPE CORAL, FL 33904**

Mailing Address
**4005 DEL PARDO BLVD
CAPE CORAL, FL 33904**

50000295



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01082007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2345628

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SILK, JOHN, E
4005 DEL PRADO BLVD
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent
Name **LYNNE E HOLCOMB**
Street Address (P.O. Box Number is Not Acceptable)
**4005 Del Prado Blvd
Cape Coral FL 33904**

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 **Lynne E Holcomb** DATE **1/8/07**

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SILK, JOHN, E 4005 DEL PRADO BLVD CAPE CORAL, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Holcomb, Lynne E 4005 Del Prado Blvd Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: **Lynne E Holcomb** DATE **1/8/07** DAYTIME PHONE # **239-542-3333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR