

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H03544

1. Entity Name
ISLAND PINE CORPORATION



Principal Place of Business
901 SOUTH FEDERAL HIGHWAY #101
FORT LAUDERDALE, FL 33316 US

Mailing Address
901 SOUTH FEDERAL HIGHWAY #101
FORT LAUDERDALE, FL 33316 US



01052006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **69-2423263** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILKES, JOHN P
901 SOUTH FEDERAL HIGHWAY #101
FORT LAUDERDALE, FL 33316

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000447270
03/08/06-80046-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOYNER, WILLIAMS A
STREET ADDRESS	901 S FEDERAL HIGHWAY SUITE 101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	ST
NAME	JOYNER, WILLIAMS A
STREET ADDRESS	901 S FEDERAL HIGHWAY SUITE 101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	JOYNER, ANNE K
STREET ADDRESS	901 S. FEDERAL HIGHWAY, SUITE 101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	JOYNER, ALLISON
STREET ADDRESS	901 S FEDERAL HIGHWAY SUITE 101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	JOYNER, WILLIAMS A JR
STREET ADDRESS	901 S FEDERAL HIGHWAY SUITE 101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *William A Joyner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06 *954-761-8330*
 Date Daytime Phone #