

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90289 025 ***150.00

DOCUMENT # H80154

1. Entity Name
OUT ISLAND SERVICES CO., INC.



Principal Place of Business
1170 LEE WAGENER BLVD.
SUITE 103
FT. LAUDERDALE, FL 33315 US

Mailing Address
1170 LEE WAGENER BLVD.
SUITE 103
FT. LAUDERDALE, FL 33315 US



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2587251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, J. CARTER
1170 LEE WAGENER BLVD.
SUITE 103
FT. LAUDERDALE, FL 33315

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WILLIAMS, J. CARTER
STREET ADDRESS	1170 LEE WAGENER BLV 103
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	VPS
NAME	MORGENTHIEN, MAUREEN
STREET ADDRESS	1170 LEE WAGENER BLV 103
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	VPS
NAME	MICHELLE WILLIAMS
STREET ADDRESS	1170 LEE WAGENER BLVD 103
CITY-ST-ZIP	FT. LAUDERDALE FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michelle Williams

4/3/04