


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90076 015 ***150.00


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| DOCUMENT # J05978 |  |
| 1. Entity Name SOUTH ISLAND REAL ESTATE, INC. | |

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| Principal Place of Business 301 406 OCEAN AVENUE MELBOURNE BEACH FL 32951 | Mailing Address 301 406 OCEAN AVENUE MELBOURNE BEACH FL 32951 |
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|---|---|
| 2. Principal Place of Business 301 Ocean Ave Suite, Apt. #, etc. Melbourne Bch FL | 3. Mailing Address 301 Ocean Ave Suite, Apt. #, etc. Melbourne Bch FL |
| City & State | City & State |

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|-------------------------------------|--------------------------|
| Zip 32957 Country USA | Zip 32951 Country |
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1st MOORE CR2E034 (10/04)

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|---|--|
| 4. FEI Number 59-2660898 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| 301 MURRAY, WENDY E. 406 OCEAN AVENUE MELBOURNE BEACH FL 32951 | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 *Wendy E Murray* WENDY E Murray 1/27/05
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MURRAY, WENDY E. 50 11TH AVE #204 INDIALANTIC FL 32903 <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 |
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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: *Wendy E Murray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____