

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90001 023 ***558.75

DOCUMENT # J73961

1. Entity Name

ISLAND BEACH COMPANY, INC.



Principal Place of Business

P O BOX 425
PLANTATION VIEW SHOPPING CENTER
CAPTIVA FL 33924

Mailing Address

P O BOX 425
PLANTATION VIEW SHOPPING CENTER
CAPTIVA FL 33924



2. Principal Place of Business

PO BOX 855

Suite, Apt. #, etc.

3. Mailing Address

1986 MY TERN CT

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (5/05)

City & State

SANIBEL FL

City & State

SANIBEL FL

4. FEI Number

59-2808278

Applied For

Not Applicable

Zip

33957

Country

Zip

33957

Country

LEE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOREY, HARTLEY D.
1986 MY-TERN CT
SANIBEL FL 33957

7. Name and Address of New Registered Agent

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

Hartley D. Morey

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOREY, HARTLEY	
STREET ADDRESS	1986 MY-TERN CT	
CITY-ST-ZIP	SANIBEL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOREY, ANNE	
STREET ADDRESS	1986 MY-TERN CT	
CITY-ST-ZIP	SANIBEL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIPRETE, ANN	
STREET ADDRESS	10 GROVE ST	
CITY-ST-ZIP	SANDWICH MA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GERLACH, RICHARD	
STREET ADDRESS	1826 ARDSLEY WAY	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GERLACH, ELIZABETH	
STREET ADDRESS	1826 ARDSLEY WAY	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Hartley D. Morey* HARTLEY MOREY

9/9/05 239.472-3272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #