

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90011 003 \*\*\*158.75

**DOCUMENT # K47508**

1. Entity Name

PORT OF THE ISLANDS CONSTRUCTION, INC.



Principal Place of Business

4500 EXECUTIVE DRIVE  
STE 300  
NAPLES FL 34119  
US

Mailing Address

4500 EXECUTIVE DRIVE  
STE 300  
NAPLES FL 34119  
US

2. Principal Place of Business

5672 Strand Court  
Suite #1

3. Mailing Address

5672 Strand Court  
Suite #1

City & State

Naples FL  
34110 USA

City & State

Naples FL  
34110 USA

4. FEI Number

65-0100853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLSON, KARIN  
4500 EXECUTIVE DRIVE  
SUITE 100  
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name: Janet Kelly  
Street Address (P.O. Box Number is Not Acceptable): 801 ANCHOR RODE DRIVE  
SUITE #106  
City: NAPLES FL Zip Code: 34103

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: *Janet Kelly*

(NOTE: Registered Agent signature required when reinstating)

DATE: 7/26/04

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**

**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	VP	<input type="checkbox"/> Delete
NAME	BURGESSON, RICHARD	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S.	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	COLSON, KARIN	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	V	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESSON, RICHARD	
STREET ADDRESS	314 NEWPORT DRIVE #1604	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT S.	
STREET ADDRESS	5645 Strand Blvd #3	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, KARIN	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Paul Hardy	
STREET ADDRESS	5645 Strand Blvd #3	
CITY-ST-ZIP	NAPLES FL 34110	
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: *Janet Kelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 7/26/04 (239)597-9888

DATE Daytime Phone #