

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90022 010 \*\*\*150.00

**DOCUMENT # K54090**  
 1. Entity Name  
**ISLAND ESTATES REALTY, INC.**



Principal Place of Business Mailing Address  
 % WILLIAM KING % WILLIAM KING  
 110 ISLAND WAY ISLAND ESTATES 110 ISLAND WAY ISLAND ESTATES  
 CLEARWATER FL 34630 CLEARWATER FL 34630



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2927682** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**HILLER, JOANNE M**  
**110 ISLAND WAY ISLAND ESTATES**  
**CLEARWATER FL 33767**

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 *Joanne M. Hiller* *Joanne M. Hiller* *1/29/04*  
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**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	KING, WILLIAM	
STREET ADDRESS	110 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILLER, JOANNE	
STREET ADDRESS	110 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Pres. Joanne Hiller</i>	
STREET ADDRESS	<i>SAME</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sec. Wm. King</i>	
STREET ADDRESS	<i>SAME</i>	
CITY-ST-ZIP		
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		
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: *Joanne M. Hiller* *JOANNE M. Hiller* *1/29/04* *727447-0040*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #