


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90209 039 ***150.00

DOCUMENT # K86657			
1. Entity Name ISLAND TECHNOLOGY, INC.			
Principal Place of Business % ROBERT K. MILLER 2975 OVERSEAS HIGHWAY MARATHON, FL 33050		Mailing Address % ROBERT K. MILLER 2975 OVERSEAS HIGHWAY MARATHON, FL 33050	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, ROBERT K. 2975 OVERSEAS HIGHWAY MARATHON, FL 33050		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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, JOSEPH V. <input type="checkbox"/> Delete 20 GRANDVIEW LN 544 STONE CREEK WAY OAKLAND, AR 72001 NORFOLK, AR 72658	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH V. KENNEDY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 544 STONE CREEK WAY NORFOLK, AR 72658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, DEBRA <input type="checkbox"/> Delete 20 GRANDVIEW LN 544 STONE CREEK WAY OAKLAND, AR 72664 NORFOLK, AR 72658	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, DEBRA L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 544 STONE CREEK WAY NORFOLK, AR 72658
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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: <u>Debra L Kennedy</u>		Date: <u>4/30/04</u> Daytime Phone #: <u>870-508-6860</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

24071412



03302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0120482 Applied For Not Applicable

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

FL

DATE

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

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SIGNATURE: Debra L Kennedy Date: 4/30/04 Daytime Phone #: 870-508-6860