

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42076

FILED
Apr 25, 2006
Secretary of State

Entity Name: ISLAND FALLS ADVENTURE GOLF, INC.

Current Principal Place of Business:

1550 SADLER ROAD
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

MARY LOU TOMPKINS
4475 PINEY ISLAND COURT
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 59-2988320 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TOMPKINS, MARY LOU
4475 PINEY ISLAND COURT
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: TOMPKINS, ROBERT
Address: 4475 PINEY ISLAND COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MRS. () Delete
Name: TOMPKINS, MARY LOU
Address: 4475 PINEY ISLAND COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU TOMPKINS

VP

04/25/2006

Electronic Signature of Signing Officer or Director

Date