

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68289

FILED
Feb 12, 2004
Secretary of State

Entity Name: ISLAND DESIGNS OUTLET, INC.

Current Principal Place of Business:

14501 MCCORMICK
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

14501 MCCORMICK DR
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 59-3012267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUISE, GREGORY T
14501 MCCORMICK DR
TAMPA, FL 33626 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: D () Delete
Name: MARQUISE, DUSTIN A
Address: 13119 ROYAL GEORGE AVENUE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: MARQUISE, GREGORY T
Address: 16512 TURNBURY OAK DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: MARQUISE, SUSAN A
Address: 16512 TURNBURY OAK DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: MARQUISE, DEREK M.
Address: 12515 DEERBERRY LANE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARQUISE, DUSTIN A
Address: 16234 CARNOUSTIE DR.
City-St-Zip: ODESSA, FL 33556

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

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 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 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: GREG MARQUISE

PRES

02/12/2004

Electronic Signature of Signing Officer or Director

Date