## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L72793

Entity Name: ALVIN'S ISLAND, INC.

WALSINGHAM, MICHAEL, G

14520 FRONT BCH RD

PANAMA CITY, FL

Name:

Address: City-St-Zip: FILED Mar 17, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 14520 FRONT BEACH ROAD PANAMA CITY BEACH, FL 324133599 US **Current Mailing Address: New Mailing Address:** 14520 FRONT BEACH ROAD PANAMA CITY BEACH, FL 324133599 US FEI Number: 59-3007971 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GODWIN, MARK T PA 9230 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition WALSINGHAM, WILLIAM, M Name: Name: 14520 FRONT BEACH ROAD Address: Address: City-St-Zip: PANAMA CITY BCH, FL City-St-Zip: Title: () Delete Title: () Change () Addition WALSINGHAM, A GARY, Name: Name: 14520 FRONT BEACH ROAD Address: Address: PANAMA CITY BCH, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: A. GARY WALSINGHAM PD 03/17/2005