


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L74559
 1. Entity Name
ISLAND CUSTOM EMBROIDERY, INC.



Principal Place of Business % TIMOTHY QUANN 82685-H OVERSEAS HIGHWAY ISLAMORADA, FL 33036	Mailing Address % TIMOTHY QUANN 82685-H OVERSEAS HIGHWAY ISLAMORADA, FL 33036
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04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0196252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUANN, TIMOTHY
 82685-H OVERSEAS HIGHWAY
 ISLAMORADA, FL 33036

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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 _____
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000122487 04/21/04 80031-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUANN, TIMOTHY 82685-H OVERSEAS HIGHWAY ISLAMORADA, FL 33036
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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: *Timothy Quann* **4/19/04 305.664.4433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #