

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90036 008 ***150.00

DOCUMENT # L74883

1. Entity Name

ISLAND DESIGN & BUILDING COMPANY



Principal Place of Business

375 PARK AVE.
BOCA GRANDE FL 33921
US

Mailing Address

P.O. BOX 1408
BOCA GRANDE FL 33921
US



2. Principal Place of Business - No P.O. Box #

311 PALM AVE

3. Mailing Address

P.O. BOX 1408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

BOCA GRANDE FLORIDA

City & State

BOCA GRANDE F

4. FEI Number

65-0197744

Applied For

Not Applicable

Zip

33921

Country

USA

Zip

33921

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BISTLINE, STEVEN J.
6938 42ND CRT. E
SARASOTA FL 34243

USE MY P.O. BOX, I
DON'T RECEIVE MAIL
AT THIS ADDRESS

7. Name and Address of New Registered Agent

Name STEVEN J. BISTLINE

Street Address (P.O. Box Number is Not Acceptable)

525 CORAL CREEK DRIVE

City CAPE HAZE

FL

Zip Code 33946

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

Steven J. Bistline

President

1-30-08

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	BISTLINE, STEVEN J.	
STREET ADDRESS	6938 42ND CTR. E	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN J. BISTLINE	
STREET ADDRESS	525 CORAL CREEK DR.	
CITY-ST-ZIP	CAPE HAZE FL. 33946	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Steven J. Bistline

President

1-30-08

941 457 1631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone