

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # M98529

1. Entity Name
PPI ISLAND CLUB INC.



Principal Place of Business
4702 BAY CREST DR.
TAMPA, FL 33615

Mailing Address
4702 BAY CREST DR.
TAMPA, FL 33615



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2819563

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MICK, THOMAS
4702 BAY CREST DR.
TAMPA, FL 33615

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HOLLIS, MARTIN
STREET ADDRESS	1116 SHADOWBROOK TRAIL
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	PT
NAME	MICK, THOMAS
STREET ADDRESS	4702 BAY CREST DR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	S
NAME	OVERSTREET, GARY
STREET ADDRESS	14623 LAKE FOREST DR
CITY-ST-ZIP	LUTZ, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000543398
05/10/06-80136-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

Daytime Phone # _____