

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90017 022 ****61.25

DOCUMENT # N05000005137 1. Entity Name ISLAND REACH, INC.					
Principal Place of Business C/O ROSEBAY REAL ESTATE, INC. 1815 S. OSPREY AVENUE SARASOTA, FL 34239				Mailing Address C/O ROSEBAY REAL ESTATE, INC. 1815 S. OSPREY AVENUE SARASOTA, FL 34239	
2. Principal Place of Business - No P.O. Box # ROSEBAY PROPERTIES		3. Mailing Address ROSEBAY			
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME PROPERTIES			
City & State SAME		City & State SAME		4. FEI Number 20-3949808	
Zip SAME		Country SAME		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAHL, MARGARET C/O ROSEBAY REAL ESTATE, INC. PROPERTIES 1815 S. OSPREY AVENUE SARASOTA, FL 34239				7. Name and Address of New Registered Agent Name ROSEBAY PROPERTIES Street Address (P.O. Box Number is Not Acceptable) SAME City SAME FL Zip Code SAME	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLUCK, GERALD 04365 CHAMPERRET BOYNE CITY, MI 49712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLUCK, SANDRA 04365 CHAMPERRET BOYNE CITY, MI 49712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRITSCHLER, KIMBERLY 2509 BAYSHORE ROAD NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 617, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date 7/11/08			Daytime Phone # 941-951 6142		