

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90275 015 ***150.00

DOCUMENT # P00000043005

1. Entity Name
H.A. ISLAND PARTNERS, INC



Principal Place of Business
2626-3 E. TAMiami TRAIL
NAPLES, FL 34112

Mailing Address
2626-3 E. TAMiami TRAIL
NAPLES, FL 34112

20041000



DO NOT WRITE IN THIS SPACE

02212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3714828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CANDITO, JOSEPH
2626-3 E. TAMiami TRAIL
NAPLES, FL 34112

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PLANCHER, PIERRE A 2400 PARKWAY ST. FT. MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHOUTE, TILOR 2400 PARKWAY ST. FT. MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHEEHAN, WILLIAM 488 VERANDA WAY, UNIT D105 NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CANDITO, JOSEPH 2000 SANDPIPER ST. NAPLES, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/05