

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3714828

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

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, 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

D

NAME

PLANCHER, PIERRE A

STREET ADDRESS

2400 PARKWAY ST.

CITY - ST - ZIP

FT. MYERS, FL 33901

TITLE

D

NAME

CHOUTE, TILOR

STREET ADDRESS

2400 PARKWAY ST.

CITY - ST - ZIP

FT. MYERS, FL 33901

TITLE

D

NAME

SHEEHAN, WILLIAM

STREET ADDRESS

488 VERANDA WAY, UNIT D105

CITY - ST - ZIP

NAPLES, FL 34104

TITLE

D

NAME

CANDITO, JOSEPH

STREET ADDRESS

2000 SANDPIPER ST.

CITY - ST - ZIP

NAPLES, FL 34102

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/17/06-80033-004 150.00

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

Date

Daytime Phone #