

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000100963

1. Entity Name
ISLAND VIEW, INC.



Principal Place of Business
**9408 NW 38 STREET
CORAL SPRINGS FL 33065**

Mailing Address
**9408 NW 38 STREET
CORAL SPRINGS FL 33065**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E034 (10/06)

4. FEI Number **65-1052082**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALSH, GERALD V
9500 NW 37TH COURT
CORAL SPRINGS FL 33065**

Name

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

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
HOHN, WILLIAM E
9408 NW 38 STREET
CORAL SPRINGS FL 33065

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
HOHN, KELLY R
9408 NW 38 STREET
CORAL SPRINGS FL 33065

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

U00000636664
02/26/07-80028-011 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-07 (954) 753-5478