


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90012 027 ***150.00

DOCUMENT # P00000102206 1. Entity Name A MILLION ISLAND, INC.	
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Principal Place of Business 1916 S 14TH STREET FERNANDINA BEACH, FL 32034	Mailing Address 1916 S 14TH STREET FERNANDINA BEACH, FL 32034
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DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3678263	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAFIADIS, THOMAS 3732 CAYMAN CIRCLE FERNANDINA BEACH, FL 32034	DO NOT WRITE IN THIS SPACE
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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 NAME STREET ADDRESS CITY - ST - ZIP	PD VAFIADIS, THOMAS 3732 CAYMAN CIRCLE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VAFIADIS, DEBRA L 3732 CAYMAN CIRCLE FERNANDINA BEACH, FL 32034
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

3/28/06
Date

904-261-0555
Daytime Phone #