

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000001677

1. Entity Name  
ISLAND PRINT SHOP, INC.



Principal Place of Business  
11 FRONT ST  
MARCO ISLAND, FL 34145

Mailing Address  
11 FRONT ST  
MARCO ISLAND, FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3690878

Applied For  
Not Applicable

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

Rein, Leonard P.  
500 5th Ave. S #502  
Naples, FL 34102  
Resigned 6/11/2004

Name - VINCENT A CRISCUOLI  
Street Address (P.O. Box Number is Not Acceptable)  
11 FRONT STREET  
City MARCO ISLAND FL Zip Code 34145

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 Vincent A. Criscuoli

10-19-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete  
NAME GREGORY, WILSON  
STREET ADDRESS 11 FRONT ST  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☒ Change ☒ Addition  
NAME Lynda Chmelik  
STREET ADDRESS 11 Front St.  
CITY-ST-ZIP Marco Island, FL 34145

TITLE DVPT ☐ Delete  
NAME CHMELIK, LYNDA  
STREET ADDRESS 11 FRONT ST  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition  
NAME V Lynda Chmelik  
STREET ADDRESS 11 Front Street  
CITY-ST-ZIP Marco Island, FL 34145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Michael Hennick  
STREET ADDRESS 5875 S. 44th  
CITY-ST-ZIP New Era, Mich. 49446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S Philip Hennick  
STREET ADDRESS 5875 S. 44th  
CITY-ST-ZIP New Era, Mich. 49446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Lynda Chmelik

10-18-04 239-642-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 OCT 22 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

