

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000025099

1. Entity Name  
ISLAND PROVISIONS, INC.



Principal Place of Business  
240 N. KROME AVE.  
FLORIDA CITY, FL 33034

Mailing Address  
240 N. KROME AVE.  
FLORIDA CITY, FL 33034

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1085455  
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

SULLIVAN, SCOTT  
240 N. KROME AVE.  
FLORIDA CITY, FL 33034

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000075658  
03/03/04-80068-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SULLIVAN, SCOTT
STREET ADDRESS	6155 NW 99TH WAY
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	D
NAME	HOTZ, FRANCES
STREET ADDRESS	6155 NW 99TH WAY
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	D
NAME	HOTZ, CHARLES R
STREET ADDRESS	536 HAWKSBILL ISLAND DR.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

*Scott Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

Date

(786) 251-8951

Daytime Phone #