2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000025099 1. Entity Name ISLAND PROVISIONS, INC.						05 JUL -8 PM 2: 30 SEURLIAKT OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address 240 N. KROME AVE. FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034				.							
2, Principal	Place of Buşiness	3. Mailing Address									
Suite, Apt. #. etc.		Suite, Apt. #, etc.			01112005 Chg-P CR2E034 (10/03)						
City & State		City & State				4. FEI Numb			<u></u>	pplied For of Applicable	
Zip	Country	Zip	Coun	try			e of Status Desired		\$8.75 Ad Fee Require	ditional	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
240 N. KF	N, SCOTT ROME AVE. CITY, FL 33034		Street A		dress (F	O. Box Numb	per is Not Acceptable			***************************************	
				City	-,	·		FL	Zip Cod	ie .	
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 according of registered agent.										and accept	
SIGNATURE Signature, typed or printed name of registered upont and title it upolicates (NOTE: Replicative requires required when remaining) ONTE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Ba Added to Fees											
10. mu	OFFICERS AND		11.			ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	SIN II	
name Street adoress	SULLIVAN, SCOTT			- 1					Change	Addition	
CITY - ST - ZIP	PARKLAND, FL 33076 cm			ST-ZIP					<u></u>		
TITLE NAME	Cociae		TITLE NAME		Sull	ivan,	Frances		Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET City-s	F ADORESS ET - ZIP							
TITLE NAME	MOTE CHARLES		TITLE		••••				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	536 HAWKSBILL ISLAND DR. STRI			ADDRESS ST-ZIP		900 07/19/0	05766; 5010160	226	: 9 :150,00		
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STREET ADDRESS C:TY+ST+ZIP		_	NAME STREET CITY-S	ADDRESS IT-ZIP							
TITLE NAME		C Osiele	TITLE				. 1		Change	Addition	
STREET ADDRESS CHY-ST-ZIP				ADDRESS T-ZIP		Ψ,	17119				
TITLE NAME		☐ Delete	TITLE		·	h			Change	Addition	
STREET ADDRESS City - ST - 7411		\$ 7	•	ADCRESS 1-24P							
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(3). 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Slock 11 if changed, or on an attachinght with agradiens with all other like empowered. SIGNATURE: S											
SIGNATURE: SUPATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Island Provisions Document # P01000025099

Dear Sir or Madam,

Since the beginning of this year we have been the victim of numerous crimes at our place of business in Florida City. We have had break-ins in our office and our automobiles. We have had mail stolen as well as other items in the office. I can only assume since this is the first correspondence we have received regarding the corporations renewal that we did not receive any other notice. We are asking for your understanding under these circumstances and grant us a reprieve from the late fees. We are enclosing a check in the amount of \$150.00 and a completed renewal form. Thank you for your assistance in this matter.

Sincerely,

Scott Sullivan, President