

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90085 022 \*\*\*150.00

**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

00000000



**DO NOT WRITE IN THIS SPACE**

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1085455

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

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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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SULLIVAN, SCOTT
STREET ADDRESS	6155 NW 99TH WAY
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	D
NAME	SULLIVAN, 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	

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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

Date

Daytime Phone #