


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90027 033 ***150.00

DOCUMENT # P01000035304	
1. Entity Name ISLAND REALTY, INC.	

Principal Place of Business 673 KINGSLEY AVE. SUITE D ORANGE PARK FL 32073 US	Mailing Address PO BOX 2724 ORANGE PARK FL 32067 US
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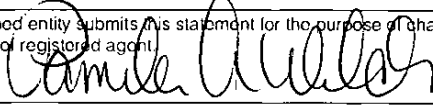
2. Principal Place of Business - No P.O. Box # 636 Kingsley Avenue	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Orange Park FL	City & State
Zip 32073	Country USA

4. FEI Number 59-3719999	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELCH, PAMELA A 673 KINGSLEY AVE SUITE D ORANGE PARK FL 32073	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 636 Kingsley Avenue City Orange Park FL 32073	

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.	DATE 2/10/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D/P WELCH, PAMELA A 3773 WESTOVER ROAD ORANGE PARK FL 32067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	636 Kingsley Avenue Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2/10/07 Date	TELEPHONE (904) 215-2910 Daytime Phone #
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