

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065757

Entity Name: LITTLE ISLANDER, INC.

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

PO BOX 1053
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1053
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-1118422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKOKOS, PETER Z
1819 MAIN ST.
STE. 610
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOVGOPOLYI, NICOLE H
Address: P.O. BOX 1053
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: HAMMONS, THOMAS L
Address: P.O. BOX 1053
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: DOVGOPOLYI, ALEXEI
Address: P.O. BOX 1053
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: HAMMONS, GERLINDE
Address: P.O. BOX 1053
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: DOVGOPOLYI, ANNA
Address: P. O. BOX 1053
City-St-Zip: OSPREY, FL 34229

Title: X () Delete
Name: X, X
Address: X
City-St-Zip: X, X X X

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOVGOPOLYI NICOLE

D

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date