

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 15, 2007 8:00 am**  
**Secretary of State**

06-15-2007 90021 005 \*\*\*150.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P01000066258</b><br>1. Entity Name<br><b>ISLAND COAST RESTORATION, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>4765 ESTERO BLVD.<br/>FT. MYERS, FL 33931</b>  |   |   | Mailing Address<br><b>P.O. BOX 222<br/>FT. MYERS, FL 33931</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>434 Royal Palm Park Rd.</b>   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>   |  |  |
| City & State<br><b>Ft Myers FL</b>   |   |   | City & State<br>  |  |  |
| Zip<br><b>33905</b>  |   | Country<br><b>US</b>  |   | 4. FEI Number<br><b>65-1121787</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FLAHERTY, SEAN X<br/>424 ROYAL PALM PARK RD.<br/>FT. MYERS, FL 33905</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>FLAHERTY, SEAN X<br/>PO BOX 222<br/>FT. MYERS, FL 33931</b>              | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>SAUGER, KELLY A<br/>424 ROYAL PALM PARK RD<br/>FORT MYERS, FL 33905</b> | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| 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. |   |   |   |  |  |
| <b>SIGNATURE:</b> <i>Sean X Flaherty</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <b>6-5-07 239.823-0069</b><br><small>Date Daytime Phone #</small>   |  |  |