

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066258

FILED
Apr 22, 2008
Secretary of State

Entity Name: ISLAND COAST RESTORATION, INC.

Current Principal Place of Business:

424 ROYAL PALM PARK RD
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 222
FT. MYERS, FL 33931

New Mailing Address:

424 ROYAL PALM PARK RD
FORT MYERS, FL 33905

FEI Number: 65-1121787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAHERTY, SEAN X
424 ROYAL PALM PARK RD.
FT. MYERS, FL 33905 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: FLAHERTY, SEAN X
Address: PO BOX 222
City-St-Zip: FT. MYERS, FL 33931

Title: VP () Delete
Name: SAUGER, KELLY A
Address: 424 ROYAL PALM PARK RD
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLAHERTY, SEAN X
Address: 424 ROYAL PALM PARK RD
City-St-Zip: FT. MYERS, FL 33905

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KELLY A SAUGER

VP

04/22/2008

Electronic Signature of Signing Officer or Director

Date