


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000077409 1. Entity Name ISLAND PRINCESS INC.	
---	---

Principal Place of Business 3624D SW QUAIL MEADOW TR PALM CITY, FL 34990	Mailing Address 3624D SW QUAIL MEADOW TR PALM CITY, FL 34990
--	--



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3822122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CLAIR, BARBARA A 3642D SW QUAIL MEADOW TR PALM CITY, FL 34990
--

DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000096121 03/25/04-80016-010 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLAIR, EDWARD J SR 2207 VOORHIES AVENUE BROOKLYN, NY 11235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLIVIA, NATALE P JR 23 AVE. B PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAIR, BARBARA 3624D S.W. QUAIL MEADOW TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** BARBARA CLAIR / Barbara C. Clair 3-18-04 772-283-5634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #