

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 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



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3822122

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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03/21/05-80018-002 150.00

**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 A. Clair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05

Date

Daytime Phone #