

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 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**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3822122

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2006 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	

1100000408679
02/08/06-80068-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Barbara A. Clair / BARBARA A. CLAIR

1-26-6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #