## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P01000114042

Entity Name
 ISLAND REMODELING, INC.

FILED Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business

208 NE 16TH AVENUE POMPANO BEACH, FL 33060 Mailing Address

208 NE 16TH AVENUE POMPANO BEACH, FL 33060



03252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1155939 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMAHON, ROBERT P 208 NE 16TH AVENUE POMPANO BEACH, FL 33060

SIGNATURE:

## 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 renstating) DATE   |   |       |  |                                |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.  |   |       |  | \$5.00 May Be<br>Added to Fees |   |
| 10.  | OFFICERS AND DIREC  | CTORS |  |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>MCMAHON, ROBERT P<br>208 NE 16TH AVENUE<br>POMPANO BEACH, FL 33060 |       |  |                                | U90000110291<br>04/12/04-80078-001 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |       |  |                                | 10.00.00.000.001.100.00                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST+ZIP   |   |       |  | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |       |  | IN .                           | THIS SPACE                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |       |  |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |       |  |                                |   |
| 12. I heraby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |       |  |                                |   |