



**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90347 014 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000119376</b>		
1. Entity Name <b>ISLAND STYLE STAFFING, INC.</b>		
Principal Place of Business 4275 MARIAH CIRCLE FT. PIERCE, FL 34947	Mailing Address 4275 MARIAH CIRCLE FT. PIERCE, FL 34947	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>ISS</b> 40049713 
		01192006 No Chg-P CR2E034 (11/05)
		4. FEI Number 26-0034577 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  MOCK, GORDON C 4275 MARIAH CIRCLE FT. PIERCE, FL 34947		<b>DO NOT WRITE IN THIS SPACE</b>
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 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES MOCK, GORDON C 4275 MARIAH CIRCLE FT. PIERCE, FL 34947	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MOCK, SUSAN I 4275 MARIAH CIRCLE FT. PIERCE, FL 34947	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MOCK, IAN C 570 E. FOREST TRAIL VERO BEACH, FL 32962	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: <u>Susan Mock</u> <u>SUSAN MOCK</u> <u>4/13/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #