


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000017086
 1. Entry Name
 ISLAND EYES, INC.



Principal Place of Business
 750 LARKVIEW STREET
 MERRITT ISLAND, FL 32953

Mailing Address
 750 LARKVIEW STREET
 MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
 01-0595821 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WARYNSKI, WILLIAM
 750 LARKVIEW ST
 MERRITT ISLAND, FL 32953

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WARZYNSKI, WILLIAM
STREET ADDRESS	750 LARKVIEW STREET
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	V
NAME	WARZYNSKI, DUWAINE A
STREET ADDRESS	750 LARKVIEW STREET
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	S
NAME	ARIEUX, LEAH
STREET ADDRESS	750 LARKVIEW STREET
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/01/04-80027-021 150.00

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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: William Warynski PRESIDENT Date: 3-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #