

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

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01042007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000057385

1. Entity Name
FLOATING ISLAND, INC.



Principal Place of Business
**FLOATING ISLAND, INC
237 KEY DEER BLVD
BIG PINE KEY, FL 33043**

Mailing Address
**FLOATING ISLAND, INC
237 KEY DEER BLVD
BIG PINE KEY, FL 33043**

2. Principal Place of Business - No P.O. Box #
Floating Island, Inc.

Suite, Apt. #, etc.
101 SE 2nd Place, #117

City & State
Gainesville FL

Zip
32601

Country
USA

3. Mailing Address
Floating Island, Inc.

Suite, Apt. #, etc.
101 SE 2nd Place, #117

City & State
Gainesville FL

Zip
32601

Country
USA

6. Name and Address of Current Registered Agent

**BRETT, NANCY L
FLOATING ISLAND, INC
237 KEY DEER BLVD
BIG PINE KEY, FL 33043**

7. Name and Address of New Registered Agent

Name
Brett, Nancy L.

Street Address (P.O. Box Number is Not Acceptable)
2921 NE 17th Terrace

City
Gainesville

State
FL

Zip Code
32609

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 **Nancy L. Brett** DATE **1/4/07**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRETT, NANCY L		NAME Brett, Nancy L.	
STREET ADDRESS FLOATING ISLAND INC/237 KEY DEER BLVD		STREET ADDRESS 2921 NE 17th Terrace	
CITY-ST-ZIP BIG PINE KEY, FL 33043		CITY-ST-ZIP Gainesville FL 32609	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRETT, DONALD J		NAME Donald Brett	
STREET ADDRESS FLOATING ISLAND INC/237 KEY DEER BLVD		STREET ADDRESS 2921 NE 17th Terrace	
CITY-ST-ZIP BIG PINE KEY, FL 33043		CITY-ST-ZIP Gainesville FL 32609	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Nancy L. Brett** DATE **1/4/07** DAYTIME PHONE # **352-374-9934**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR