

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90194 029 ***150.00

DOCUMENT # P02000090348 1. Entity Name ISLAND SURF, INC.			
Principal Place of Business C/O JAMES L KARL II, ESQ. 975 NORTH COLLIER BLVD MARCO ISLAND, FL 34145		Mailing Address C/O JAMES L KARL II, ESQ. 975 NORTH COLLIER BLVD MARCO ISLAND, FL 34145	
2. Principal Place of Business 674 BALD EAGLE DRIVE Suite, Apt. #, etc.		3. Mailing Address 674 BALD EAGLE DRIVE Suite, Apt. #, etc.	
City & State MARCO ISLAND, FL Zip Country 34145 COLLIER		City & State MARCO ISLAND, FL Zip Country 34145 COLLIER	
4. FEI Number 41-2056660		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 MARETTA, ROBIN 975 NORTH COLLIER BLVD MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name VICKI PERSHING Street Address (P.O. Box Number is Not Acceptable) 1541 DOGWOOD DRIVE City MARCO ISLAND FL Zip Code 34145	
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: <u><i>Vicki Pershing</i></u> DATE: <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME SPARKS, SHANE	<input type="checkbox"/> Delete	
STREET ADDRESS 402 MARCO LAKE DRIVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/26/05</u> Daytime Phone #: <u>239 394 5544</u>	