

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000109964</b>	
1. Entity Name ISLAND BOYS SEAFOOD, INC.	



Principal Place of Business 16160 BAYSIDE POINT SUITE 1805 FORT MYERS, FL 33924	Mailing Address 16160 BAYSIDE POINT SUITE 1805 FORT MYERS, FL 33924
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FILED

06 OCT 26 PM 3:23

200080188952  
09/26/06 01035-007 STATE  
TALLAHASSEE, FLORIDA



04252006 No Chg-P CR2E034 (11/05) 01

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1656479	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  BOORMAN, JOHN R 16160 BAYSIDE POINT SUITE 1805 FORT MYERS, FL 33924	
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**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 reinstating)

DATE

200080188952  
11/03/06 01035-007 \*\*200.00

<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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOORMAN, JOHN R 16160 BAYSIDE POINT #1805 FORT MYERS, FL 33924
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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ross Boorman 9/18/06 239 340 0325