


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90003 017 ***150.00

DOCUMENT # P02000114948

1. Entity Name
ISLAND FLOORS INC



Principal Place of Business Mailing Address
P O BOX 598 **P O BOX 598**
BOKEELIA, FL 33922 **BOKEELIA, FL 33922**

54033384



2. Principal Place of Business 3. Mailing Address
6201 Olive Island Rd *PO Box 598*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04082004 Chg-P CR2E034 (10/03)

City & State City & State
Bokeelia, FL *FL*
 Zip Zip
33922 *33922*

4. FEI Number Applied For
74-3066152 Not Applicable

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

6. Name and Address of Current Registered Agent
MAZZOLI, ROD
1675 W 32PL
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
 Name *Mazzoli Rod*
 Street Address (P.O. Box Number is Not Acceptable) *6201 Olive Island Rd*
 City *Bokeelia* FL Zip *33922*

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]* DATE: *4/8/04*

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

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PTS | <input type="checkbox"/> Delete |
| NAME | COLLINS, CONETANIE | |
| STREET ADDRESS | PO BOX 598 BOKEELIA | |
| CITY-ST-ZIP | BOKEELIA, FL 33922 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 or powers.

SIGNATURE: *[Signature]* Date: *4/8/04* Daytime Phone #: *239-283-2028*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR