

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/24

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90011 042 \*\*\*550.00

**DOCUMENT # P03000039723**

1. Entity Name

ERIN'S ISLE, INC.



Principal Place of Business

6190 COLLIER BLVD  
NAPLES FL 34114

Mailing Address

6190 COLLIER BLVD  
NAPLES FL 34114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1052-432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER FL 33761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 restoring)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

WARD, JOHN A.  
987 ASTER CT  
MARCO ISLAND FL 34145

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

WARD, MICHAEL F  
256 BALTUSROL DR  
NAPLES FL 34113

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. WARD

5/15/04

239 774 1880

Date

Daytime Phone #