

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90012 028 ***550.00

DOCUMENT # P03000046774

1. Entity Name
ISLAND MARITIME SERVICES, INC.



Principal Place of Business

**2201 JACKSON STREET
FORT MYERS, FL 33901**

Mailing Address

**2201 JACKSON STREET
FORT MYERS, FL 33901**

54073673

2. Principal Place of Business

2320 Victoria

3. Mailing Address

P.O. Box 1633

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09222004

Chg-P

CR2E034 (10/03)

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

54-2109991

Applied For

Not Applicable

Zip

33901

Country

Lee

Zip

33902

Country

Lee

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANSEN, EDWARD JR.
2201 JACKSON STREET
FT. MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name

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

2320 Victoria

City

Fort Myers

FL

Zip Code

33901

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **HANSEN, EDWARD J R**
STREET ADDRESS **2201 JACKSON STREET**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

Edward Hansen Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #