

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90029 012 ***150.00

DOCUMENT # P03000046774

1. Entity Name
ISLAND MARITIME SERVICES, INC.



Principal Place of Business
2574 N.UNIVERSITY DRIVE
SUITE 211
SUNRISE, FL 33322 US

Mailing Address
2574 N.UNIVERSITY DRIVE
SUITE 211
SUNRISE, FL 33322 US



03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2109991	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

HANSEN, EDWARD K JR.
2320 VICTORIA
FORT MYERS, FL 33901

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	PST HANSEN, EDWARD K JR. 2320 VICTORIA FORT MYERS, FL 33901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSEN, JOHN W 2320 VICTORIA FORT MYERS, FL 33901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, DAVE E 784-VISTA MEADOWS DRIVE WESTON, FL 33327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Dave E. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28.2008
Date

954-747-3814
Daytime Phone #