

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000092343

**Entity Name:** ISLAND NIGHTS, INC.

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

110 EGLIN PKWY SE  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

110 EGLIN PKWY SE  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 54-2122982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUNER, VINCE  
110 EGLIN PKWY SE  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRUNER, VINCE  
Address: 110 EGLIN PARKWAY, SE.  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VINCE BRUNER

D

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date