

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000005125

1. Entity Name
ISLAND LIFE LOTTERY CLUB, INC.



Principal Place of Business
**9378 ARLINGTON EXPRESSWAY, #364
JACKSONVILLE, FL 32225**

Mailing Address
**9378 ARLINGTON EXPRESSWAY, #364
JACKSONVILLE, FL 32225**



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2438991

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MASON, CLARENCE L
12519 BLUE EAGLE WAY
JACKSONVILLE, FL 32225**

**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

Clarence L. Mason **President / CEO**

4-19-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	MASON, CLARENCE L
STREET ADDRESS	12519 BLUE EAGLE WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	MASON, CLARENCE L
STREET ADDRESS	12519 BLUE EAGLE WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	ROSSELAND, RAYMOND R
STREET ADDRESS	2141 SAFE HARBOR LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	ELLIS, MARIAN F
STREET ADDRESS	2570 BROWARD RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000723444
05/02/07-80071-011 150.00

**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: Mr. Clarence L. Mason / M. CL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**4-19-07
404-
697-81**