

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90033 039 ***150.00

DOCUMENT # P04000005171

1. Entity Name
ALL ISLAND REALTY, INC.



Principal Place of Business
6103 STARLING WAY
SANIBEL, FL 33957 US

Mailing Address
6103 STARLING WAY
SANIBEL, FL 33957 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bokkeelia, FL

City & State

FL

Zip

33922

Country

US

Zip

33945

Country

US

02182005

Chg-P

CR2E034 (10/03)

4. FEI Number

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

FOYE, ERIKA
6103 STARLING WAY
SANIBEL, FL 33957

13775 Marquis Rd
Bokkeelia, FL
33922

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

Erika Foye

Erika Foye 2/18/05

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
FOYE, ERIKA
6103 STARLING WAY
SANIBEL, FL 33957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
Erika Foye
13775 Marquis Rd
Bokkeelia, FL 33922

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOYE, ERIKA
6103 STARLING WAY
SANIBEL, FL 33957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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Erika Foye
13775 Marquis Rd
Bokkeelia, FL 33922

☒ Change

☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
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:

Erika Foye

2/18/05 239-283-6036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone