

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90383 039 ***150.00

DOCUMENT # P0400078804

1. Entity Name

10.000 ISLANDS TOUR COMPANY, INC.



Principal Place of Business

25000 TAMAMI TRAIL E
NAPLES FL 34114
US

Mailing Address

P.O. BOX 1926
LEHIGH ACRES FL 33970
US

2. Principal Place of Business

25000 Tamami Trail E
Suite, Apt. #, etc.

3. Mailing Address

12693 Tamami Trail E
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Naples, FLA

City & State

Naples FLA

4. FEI Number

76075 8585

Applied For

Not Applicable

Zip

34114

Country

Collier

Zip

34113

Country

Collier

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWNLEE, JEROME
2201 E 5TH STREET
APT. 12
LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent

Name Jerome Brownlee

Street Address (P.O. Box Number is Not Acceptable)
12693 Tamami Trail E

City

Naples

FL

Zip Code

34113

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BROWNLEE, JEROME
STREET ADDRESS P.O. BOX 1926
CITY-ST-ZIP LEHIGH ACRES FL 33970

TITLE S,T ☐ Delete
NAME BLACK, CHARLES
STREET ADDRESS 14821 ARCHER HALL ST
CITY-ST-ZIP DAVIE FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 12693 Tamami Trail E
CITY-ST-ZIP

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 239-393-2180

Date

Daytime Phone #