

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90001 037 \*\*\*158.75

**DOCUMENT # P04000104589**

1. Entity Name  
**ISLAND DREAMZ PRODUCTIONS, INC.**



Principal Place of Business  
**2945 W. NAVY BLVD.  
PENSACOLA, FL 32505**

Mailing Address  
**2945 W. NAVY BLVD.  
PENSACOLA, FL 32505**

2. Principal Place of Business  
**5120 Bayou Blvd**

Suite, Apt. #, etc.  
**Suite 4**

City & State  
**Pensacola FL**

Zip  
**32503**

Country  
**USA**

3. Mailing Address  
**5120 Bayou Blvd**

Suite, Apt. #, etc.  
**Suite 4**

City & State  
**Pensacola FL**

Zip  
**32503**

Country  
**USA**



02102006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2330984**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**COOK, BARRY  
314 S. BAYLEN STREET  
PENSACOLA, FL 32502**

## 7. Name and Address of New Registered Agent

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-23-2006**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **LONGMIRE, WILLIAM 'SONNY'**  
STREET ADDRESS **2945 W. NAVY BLVD.**  
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE **VP** ☐ Delete  
NAME **SCHILDROTH, CHARLES J**  
STREET ADDRESS **2945 W. NAVY BLVD**  
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE **S** ☒ Delete  
NAME **WALKER, GABRIEL**  
STREET ADDRESS **2945 W. NAVY BLVD.**  
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE **T** ☒ Delete  
NAME **WALKER, GABRIEL**  
STREET ADDRESS **2945 W. NAVY BLVD.**  
CITY-ST-ZIP **PENSACOLA, FL 32505**

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  
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition  
NAME **Schildroth, Charles J**  
STREET ADDRESS **3134 Cobblestone Dr.**  
CITY-ST-ZIP **Pale FL 32571**

TITLE **S** ☐ Change ☒ Addition  
NAME **Barry Cook**  
STREET ADDRESS **314 South Baylen St. Suite 105**  
CITY-ST-ZIP **Pensacola FL 32502**

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

TITLE ☐ Change ☐ Addition  
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 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 recorder 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

*[Signature]* **Charles J. Schildroth**

Date

Daytime Phone #

**850 477-3176**