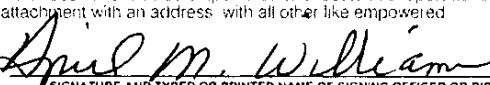


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90033 046 ***150.00

DOCUMENT # P04000120527					
1. Entity Name ISLAND CUSTOM CARPENTRY, INC.					
Principal Place of Business 2635 YORK AVE. ST. JAMES CITY, FL 33956			Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. P.O. DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box #		3. Principal Place of Business - P.O. Box #		4. FEI Number 01182008 Chg-P CR2E034 (12/06) 20-1470674	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent	
Zip		Zip		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. COSTELLO & ROYSTON 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907	
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 				DATE <u>3/11/08</u>	
(NOTE: Registered Agent signature required when reinstating)				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME WILLIAMS, W. DAVID	☐ Delete	TITLE	☐ Change ☐ Addition	NAME
STREET ADDRESS 2635 YORK AVE.	CITY-ST-ZIP ST. JAMES CITY, FL 33956		STREET ADDRESS		CITY-ST-ZIP
TITLE VSTD	NAME WILLIAMS, APRIL M	☐ Delete	TITLE	☐ Change ☐ Addition	NAME
STREET ADDRESS 2635 YORK AVE.	CITY-ST-ZIP ST. JAMES CITY, FL 33956		STREET ADDRESS		CITY-ST-ZIP
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP		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 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 			DATE <u>2/29/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			TELEPHONE # <u>239-671-2635</u>		