

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120527

FILED
Apr 01, 2009
Secretary of State

Entity Name: ISLAND CUSTOM CARPENTRY, INC.

Current Principal Place of Business:

2635 YORK AVE.
ST. JAMES CITY, FL 33956

New Principal Place of Business:

2635 YORK ROAD
ST. JAMES CITY, FL 33956

Current Mailing Address:

JOHN M. WICKER PA
P.O. DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

FEI Number: 20-1470674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M PA
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, W. DAVID
Address: 2635 YORK AVE.
City-St-Zip: ST. JAMES CITY, FL 33956

Title: VSTD () Delete
Name: WILLIAMS, APRIL M
Address: 2635 YORK AVE.
City-St-Zip: ST. JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILLIAMS, W. DAVID
Address: 2635 YORK ROAD
City-St-Zip: ST. JAMES CITY, FL 33956

Title: DVST (X) Change () Addition
Name: WILLIAMS, APRIL M
Address: 2635 YORK ROAD
City-St-Zip: ST. JAMES CITY, FL 33956

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. DAVID WILLIAMS

DP

04/01/2009

Electronic Signature of Signing Officer or Director

Date