

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132008

Entity Name: ISLAND CITY BUILDERS, INC.

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

1909 N ANDREWS AVE
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

1909 N ANDREWS AVE
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 20-1986853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WUJCEAK, CORA
1909 N ANDREWS AVE
WILTON MANORS, FL 33311 US

Name and Address of New Registered Agent:

WUJCEAK, CORA P
1909 N ANDREWS AVE
WILTON MANORS, FL 33311 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: CORA P WUJCEAK

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WUJCEAK, CORA
Address: 1909 N ANDREWS AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: V () Delete
Name: WUJCEAK, GARY
Address: 1909 N ANDREWS AVE
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORA WUJCEAK

P

04/11/2005

Electronic Signature of Signing Officer or Director

Date