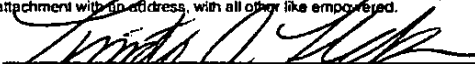


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-18-2005 90056 046 ***150.00

DOCUMENT # P04000172923					
1. Entity Name THE ISLAND PUB, INC.					
Principal Place of Business 745 12TH AVE S SUITE G NAPLES, FL 34102			Mailing Address 745 12TH AVE S SUITE G NAPLES, FL 34102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2165150	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLOCK, TIMOTHY J 745 12TH AVE S SUITE G NAPLES, FL 34102				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, typed or printed name of registered agent and FEO if applicable. (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PRESIDENT	TIMOTHY J. FLOCK	3777 Lakeview Dr Naples FL 34110		
	VICE PRESIDENT	KENT L. SCHOLEX	4934 West Blvd Naples FL 34103		
	SECRETARY	DONALD E. FLOCK	545 Central Ave Naples FL 34102		
	TREASURER	STEPHEN F. BRUNN	107 Broad Ave S Naples, FL 34102		
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: 			3-14-05 235-649-6612		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day/No Phone		

66011541



02092005 Chg-P CR2E034 (10/03)