

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90178 017 \*\*\*150.00

<b>DOCUMENT # P04000172923</b> 1. Entity Name <b>THE ISLAND PUB, INC.</b>					
Principal Place of Business <b>745 12TH AVE S SUITE G NAPLES, FL 34102</b>			Mailing Address <b>745 12TH AVE S SUITE G NAPLES, FL 34102</b>		
2. Principal Place of Business <i>600 Neapolitan Way</i> Suite, Apt. #, etc. <i>Unit 159</i> City & State <i>Naples FL</i> Zip <i>34103</i> Country <i>Collier</i>		3. Mailing Address <i>600 Neapolitan Way</i> Suite, Apt. #, etc. <i>Unit 159</i> City & State <i>Naples FL</i> Zip <i>34103</i> Country <i>Collier</i>			
03162006 Chg-P CR2E034 (11/05)				4. FEI Number <b>54-2165150</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FLOCK, TIMOTHY J 745 12TH AVE S SUITE G NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>600 Neapolitan Way Unit 159</i> City <i>Naples</i> <b>FL</b> Zip Code <i>34103</i>		
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: <i>Timothy J. Flock</i> DATE: <i>3/16/06</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FLOCK, TIMOTHY J STREET ADDRESS 2777 LAKEVIEW DR CITY-ST-ZIP NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SCHOOLEY, KENT L STREET ADDRESS 4934 WEST BLVD CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FLOCK, DONALD E STREET ADDRESS 545 CENTRAL AVE CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BRIGGS, STEPHEN F STREET ADDRESS 107 BROAD AVE S CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Timothy J. Flock</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/16/06 239-263-3146 <small>Date Daytime Phone #</small>		