2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000075606

1. Entity Name
ISLAND DESIGN KITCHENS INC.

Principal Place of Business	Mailing Address
10191 STRINGFELLOW RD	P O BOX 598
ST. JAMES CITY, FL 33956	BOKEELIA, FL 33922

DO NOT WRITE IN THIS SPACE

03252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4995427	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZOLI, RODNEY
16247 BOYCE DR.
BOKEELIA, FL 33922

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IN THIS SPACE

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MAZZOLI, ROD
STREET ADDRESS	P O BOX 598
CITY-ST-ZIP	BOKEELIA, FL 33922

TITLE	VP
NAME	MAZZOLI, ROD
STREET ADDRESS	P O BOX 598
CITY-ST-ZIP	BOKEELIA, FL 33922

TITLE	T
NAME	MAZZOLI, ROD
STREET ADDRESS	P O BOX 598
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TITLE	
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CITY-ST-ZIP	

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04/10/08-80083-021 150.00

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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: _____ Mazzoli President 3/20/08   239 283 429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #