## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## May 03, 2007 8:00 am Secretary of State DOCUMENT # P06000110324 1. Entity Namo 05-03-2007 90060 006 \*\*\*150 00 ISLAND TOUCH CONSTRUCTION INC Principal Place of Business Mailing Address 317 NORTH DRIVE ISLAMORADA FL 33036 317 NORTH DRIVE ISLAMORADA FL 33036 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 317 N. 317 V. DUTTO Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For I Schamounder Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIBLE, ANDREW T Street Address (P.O. Box Number is Not Acceptable) 317 NORTH DRIVE ISLAMORADA FL:33036 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES TITLE ☐ Delete TITLE ☐ Addition ☐ Change BIBLE, ANDREW T NAME NAME 317 NORTH DRIVE STREET ADORESS STREET ADDRESS ISLAMORADA FL 33036 C!TY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITUE. ☐ Delele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HHE ■ Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receivor 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.

**FILED**