

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90242 045 ***150.00

DOCUMENT # P07000031519 1. Entity Name ISLAND MIKE'S, INC.			
Principal Place of Business 133 E. EXETER STREET SATELLITE BEACH, FL 32937		Mailing Address 133 E. EXETER STREET SATELLITE BEACH, FL 32937	
2. Principal Place of Business - No P.O. Box # 2101 HIGHWAY US 1		3. Mailing Address 2101 HIGHWAY US 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROCKLEDGE FL		City & State ROCKLEDGE FL	
Zip 32955	Country US	Zip 32955	Country US
4. FEI Number 20-8654776		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORD, EUGENE A 133 E. EXETER STREET SATELLITE BEACH, FL 32937		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 _____ (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. <input type="checkbox"/> \$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	D FORD, EUGENE Z 133 E. EXETER STREET SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL SCIACCA 2101 HIGHWAY US 1 ROCKLEDGE FL 32955	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL SCIACCA 2101 HIGHWAY US 1 ROCKLEDGE FL 32955	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL SCIACCA 2101 HIGHWAY US 1 ROCKLEDGE FL 32955	<input type="checkbox"/> Delete	<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:		Date 4-24-08 (321) 504-4122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	