

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 08:00 AM
Secretary of State



DOCUMENT # P93000001843

1. Entity Name
ISLAND AUTOMOTIVE OF SEBASTIAN, INC.

Principal Place of Business 300-60 INDUSTRIAL PARK BLVD. UNIT 6 SEBASTIAN FL 32958	Mailing Address 300-60 INDUSTRIAL PARK BLVD. UNIT 6 SEBASTIAN FL 32958
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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0380610**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARALDSEN, NORMAN G
300-60 INDUSTRIAL PARK BLVD
UNIT 6
SEBASTIAN FL 32958**

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D HARALDSEN, NORMAN G	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	300-60 INDUSTRIAL PARK BLVD SEBASTIAN FL 32958	
TITLE NAME	VT HARALDSEN, BEVERLY J.	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	300-60 INDUSTRIAL PARK BLVD SEBASTIAN FL 32958	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		

TITLE NAME	U00000701859	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	04/20/07-80074-024 150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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 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:

Beverly J. Haraldsen - **BEVERLY J. HARALDSEN**

Date

4-4-07

Daytime Phone #

772-388-0004