

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025294

FILED
Mar 13, 2006
Secretary of State

Entity Name: ISLANDER CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

5001 TROYDALE RD.
TAMPA, FL 336154313

New Principal Place of Business:

Current Mailing Address:

5001 TROYDALE RD.
TAMPA, FL 336154313

New Mailing Address:

FEI Number: 59-3173825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIVACEK, EDWARD A
5001 TROYDALE RD.
TAMPA, FL 336154313 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIVACEK, EDWARD A
Address: 5001 TROYDALE RD
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: PIVACEK, EDDIE J
Address: 5001 TROYDALE RD
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: PIVACEK, BEVERLY H
Address: 5001 TROYDALE RD.
City-St-Zip: TAMPA, FL 336154313

Title: VD () Delete
Name: PIVACEK, ANDREW A
Address: 8724 N OLA AVE
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: PIVACEK, KIMBERLY S
Address: 8724 N. OLA AVENUE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PIVACEK, ANDREW A
Address: 13801 SHADY SHORES DR.
City-St-Zip: TAMPA, FL 33613

Title: TD (X) Change () Addition
Name: PIVACEK, KIMBERLY S
Address: 13801 SHADY SHORES DR.
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD A. PIVACEK

PD

03/13/2006

Electronic Signature of Signing Officer or Director

Date