


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 039 ***150.00

DOCUMENT # P94000010749 1. Entity Name ISLAND PARK, INC.	
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Principal Place of Business 7092 PLACIDA ROAD CAPE HAZE, FL 33946	Mailing Address 7092 PLACIDA ROAD CAPE HAZE, FL 33946
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0466390	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
UNDERWOOD, ROBERT L %CARLA A. BERTOCH, P.A. 537 E. PARK AVE. TALLAHASSEE, FL 32301	BECKSTEAD, DEAN L. 7092 PLACIDA ROAD CAPE HAZE, FL 33946

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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  DATE **4/29/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECKSTEAD, CARFIELD R. 7092 PLACIDA ROAD CAPE HAZE, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BECKSTEAD, DEAN 7092 PLACIDA RD. PLACIDA, FL 33946
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **4/29/04** DAYTIME PHONE # **697.7207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR