2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 8:00 am Secretary of State

DOCUMENT # P94000010749 1. Entity Name ISLAND PARK, INC.			03-06-20	008 90048 001	***150.0	00
Principal Place of Business	Mailing Address	•				
7092 PLACIDA ROAD CAPE HAZE, FL 33946		7092 PLACIDA ROAD CAPE HAZE, FL 33946		41 111 2210 2212 1 1111 4	enii (deri ereke in	ILI n a er emal
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	lailing Address .				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CR2E	034 (12/06)	
City & State City & State			4. FEI Number 65-0466390			oplied For ot Applicable
Zip Country	Zip	Country	5. Certificate of Status De	esired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent		Name	7. Name and Address of	New Registered	Agent	
BECKSTEAD, DEAN L 7092 PLACIDA RD CAPE HAZE, FL 33946			Street Address (P.O. Box Number is Not Acceptable)			
OATETIALE, TE 30040						
		City	FL Zip Code			
 The above named entity submits this statement if the obligations of registered agent. 	for the purpose of changing its	registered office or reg	istered agent, or both, in the Sta	ite of Florida. I am	i familiar with,	and accept
SIGNATURESignature, typed or printed name of registered ager	nt and title il applicable. (NOTI	E: Registered Agent signature red	quired when reinstating)	DATE		
SIGNATURE Signature, typed or printed name of registered ager FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550	9. Election Campai	ign Financing	\$5.00 May Be Added to Fees	DATE	-10	
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Thereby early that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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 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 that I am an officer or director of the corporation of 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/08 881-687 720