

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90040 036 ***150.00

DOCUMENT # P94000042699

1. Entity Name

ISLE JACKSONVILLE, INC.



Principal Place of Business

3160 MAPLE COVE DRIVE
LOGANVILLE GA 30052
US

Mailing Address

3160 MAPLE COVE DRIVE
LOGANVILLE GA 30052
US

2. Principal Place of Business

1470 Staci Dr

Suite, Apt. #, etc.

3. Mailing Address

1470 Staci Dr

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Greensboro GA

Zip

30642

Country

Greene

City & State

Greensboro GA

Zip

30642

Country

Greene

4. FEI Number

59-3243463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, RETO J
7400 BAYMEADOW WAY
STE 107
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2030 Oak Hammock Dr

City

Fontana Beach

FL

Zip Code

30642

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, RETO J	
STREET ADDRESS	8130 BAYMEADOWS WAY WEST, SUITE 302	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	BRATSCH, PETER	
STREET ADDRESS	3160 MAPLE COVE DRIVE	
CITY-ST-ZIP	LOGANVILLE GA 30052	
TITLE	C	<input type="checkbox"/> Delete
NAME	COURT, STARR	
STREET ADDRESS	3160 MAPLE COVE DRIVE	
CITY-ST-ZIP	LOGANVILLE GA 30052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reo Schneider	
STREET ADDRESS	2030 Oak Hammock Dr	
CITY-ST-ZIP	Fontana Beach, FL 30642	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bratsch, Peter	
STREET ADDRESS	1470 Staci Dr	
CITY-ST-ZIP	Greensboro GA 30642	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Court, Starr	
STREET ADDRESS	1470 Staci Dr	
CITY-ST-ZIP	Greensboro GA 30642	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-04 306 453-1046