2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000052384

1. Entity Name
ISLAND COURT, INC.

Principal Place of Business	Mailing Address
1939 BEACH RD ENGLEWOOD, FL 34223 US	1939 BEACH RD ENGLEWOOD, FL 34223 US

DO NOT WRITE IN THIS SPACE

FILED

Apr 18, 2005 08:00 AM

Secretary of State

04122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0504773	Not Applicable

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

6. Name and Address of Current Registered Agent

DRINNEN, MARLENE I
1939 BEACH RD
ENGLEWOOD, FL 34223

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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_____

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	DRINNEN, MARLENE I.
STREET ADDRESS	1939 BEACH RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223

TITLE	VD
NAME	DRINNEN, NICHOLAS J.
STREET ADDRESS	1939 BEACH RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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04/18/05--80038-017 150.00

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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: _Marlene I. Drinnen_ MARLENE I. DRINNEN, President   4/12/05   941 474 82...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #