


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000073766
 1. Entity Name
ISLAND ZEPHYR ENTERPRISES, INC.



Principal Place of Business 23287 WATER CIRCLE BOCA RATON, FL 33486 US	Mailing Address 23287 WATER CIRCLE BOCA RATON, FL 33486 US
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02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0526283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KNICKERBOCKER, DOUGLAS H
 32387 WATER CIRCLE
 BOCA RATON, FL 32486

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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 _____
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, 2005 Fee will be \$550.00

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

000000230180
 02/15/05-80033-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNICKERBOCKER, DOUGLAS H 23287 WATER CIRCLE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNICKERBOCKER, ELIZABETH S 23287 WATER CIRCLE BOCA RATON, FL 33486
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Douglas H Knickerbocker Date: 2/11/2005 Daytime Phone #: 561-447-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR