

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000007247

1. Entity Name
ISLAND VENTURE PARTNERS, INC.



Principal Place of Business
2430 PERIWINKLE WAY
SUITE B
SANIBEL ISLAND, FL 33957

Mailing Address
POST OFFICE BOX 716
SANIBEL ISLAND, FL 33957

1100000509291
04/28/06-80038-023 150.00



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0553759

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARMENIA, JOHN
2430 PERIWINKLE WAY
SUITE B
SANIBEL ISLAND, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ARMENIA, LUCY
2430 PERIWINKLE WAY, SUITE B
SANIBEL ISLAND, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WILDMAN, DONALD
2430 PERIWINKLE WAY, STE B
SANIBEL ISLAND, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ARMENIA, JOHN
895 TARPON BAY ROAD SUITE 7
SANIBEL ISLAND, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GIOVANNETTI, PAUL
6954 TARPON BAY ROAD SUIE 7
SANIBEL ISLAND, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

Lucy Armenia, Secy. 4-11-06 239-395-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #