

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000011435

1. Entity Name
ISLAND LAB INC.



Principal Place of Business
**1127-A NORTH COURTENAY PARKWAY
MERRITT ISLAND, FL 32953**

Mailing Address
**1127-A NORTH COURTENAY PARKWAY
MERRITT ISLAND, FL 32953**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3296067

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROOKS, JERRY G
1127-A NORTH COURTENAY PARKWAY
MERRITT ISLAND, FL 32953**

**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 reappointing)

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	P
NAME	BROOKS, JERRY
STREET ADDRESS	2320 ANDREA COURT
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/05-80046-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Jerry G. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-05
Date

321-453-4985
Daytime Phone #