

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000057173

1. Entity Name
ISLAND WINE & DINE CORP.



Principal Place of Business
2761 W GULF DR
SANIBEL, FL 33957 US

Mailing Address
POST OFFICE BOX 716
SANIBEL ISLAND, FL 33957

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0580651

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

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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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VSD
NAME ARMENIA, JOHN
STREET ADDRESS 2430 PERIWINKLE WAY, STE B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

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U000000098459
03/29/04-80041-012 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREA MUCCIGA

3/22/04 (239) 472-1141

Date

Daytime Phone #