

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000088053**

1. Entity Name  
**ISLAND CUT INVESTMENT GROUP, INC.**



Principal Place of Business

**1101 9TH AVE. W.  
BRADENTON, FL 34205**

Mailing Address

**1101 9TH AVE. W.  
BRADENTON, FL 34205**



02092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0625835**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CABANILLAS, DENISE  
1101 9TH AVE. WEST  
BRADENTON, FL 34205**

**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, 2004 Fee will be \$550.00**

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

**U000000047941  
02/12/04-80060-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CABANILLAS, DENISE
STREET ADDRESS	1101 9TH AVE. W.
CITY - ST - ZIP	BRADENTON, FL 34205
TITLE	D
NAME	KENNEDY, JOSEPH
STREET ADDRESS	1529 43RD AVENUE DRIVE WEST
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	D
NAME	STEPHENSON, JAMES F JR
STREET ADDRESS	4317 PINFISH LANE
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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:

*Denise Cabanillas, Treasurer* 2/9/04 941-750-8118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #