


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P95000088053 1. Entity Name ISLAND CUT INVESTMENT GROUP, INC. |  |
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| Principal Place of Business 1101 9TH AVE. W. BRADENTON, FL 34205 | Mailing Address 1101 9TH AVE. W. BRADENTON, FL 34205 |
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04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEL Number 65-0625835 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CABANILLAS, DENISE 1101 9TH AVE. WEST BRADENTON, FL 34205 |
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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 _____ (NOTE: Registered Agent signature required when renouncing) 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 | D CABANILLAS, DENISE 1101 9TH AVE. W. BRADENTON, FL 34205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KENNEDY, JOSEPH 1529 43RD AVENUE DRIVE WEST PALMETTO, FL 34221 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEPHENSON, JAMES F JR 4317 PINFISH LANE PALMETTO, FL 34221 |
| 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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04/24/06-80021-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Denise Cabanillas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 9417508118
Date Daytime Phone #