

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 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



04162007 No Chg-P CR2E034 (11/05)

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

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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05/01/07-80066-002 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #