

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P97000024884

1. Entity Name

ISLAND STYLE CUSTOM BUILDERS, INC.



Principal Place of Business

904 POINT VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

Mailing Address

904 POINT VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082



02202007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3438861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, R.R. ESQ.
8375 DIX ELLIS TRAIL, SUITE 401
JACKSONVILLE, FL 32256

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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	WORTHLEY, SCOTT A
STREET ADDRESS	951 SHETTER AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	D
NAME	THOMPSON, RICHARD A
STREET ADDRESS	951 SHETTER AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	VD
NAME	WORTHLEY, KELLY F
STREET ADDRESS	904 PONTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
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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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:

Scott A. Worthley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/07 (904) 759-7569