

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000031522

1. Entity Name
ISLAND BUILDING COMPANY



Principal Place of Business
11300 US HIGHWAY ONE, SUITE 400
NORTH PALM BEACH, FL 33408

Mailing Address
11300 US HIGHWAY ONE
400
WEST PALM BEACH, FL 33412

FILED

04 FEB -9 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0749443

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REYNOLDS, JOHN D
11300 US HWY ONE
SUITE 400
NO PALM BEACH, FL 33408

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPD
JOHN D REYNOLDS
11300 US HWY ONE, SUITE 400
N PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
JEAN CHASE
12335 76TH RD NO
W PALM BCH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
EVANS, CHARLES JR
775-48TH CT
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
LOSORDO, RICHARD
775-4 8TH CT
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600028661886
02/12/04--01038--009 **150.00

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)(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

Date

Daytime Phone #