FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90017 002 ***150.00

DOCUMENT # P97000046536

1. Entity Name
KILLARNEY ISLES, INC

DO NOT WRITE IN THIS SPACE

44011199

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3449008 ☐ Applied For ☐ Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: IARRGANG, CHARLES W III

Street Address (P.O. Box Number is Not Acceptable): 2123 COMPANERO AVE

City: ORLANDO FL Zip Code: 32804

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**January 1 - May 1 Fee is $150.00** **After May 1, Fee is $550.00** **Amended UBR is $61.25** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	IARRGANG/CHARLES W III	NAME	
STREET ADDRESS	2123 COMPANERO AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	
TITLE	P D	TITLE	
NAME	IARRGANG, MADELINE J	NAME	
STREET ADDRESS	2123 COMPANERO AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	IARRGANG, CHARLES W III	NAME	
STREET ADDRESS	2123 COMPANERO AVE	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

4072933467

SIGNATURE: Charles W. Iarrgang III CHARLES W. IARRGANG III 2/1/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — SEC — Date — Daytime Phone #