

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000062748	
1. Entity Name ISLANDS MANAGEMENT GROUP, INC.	

Principal Place of Business 6501 RED HOOK PLAZA SUITE 201 ST THOMAS, VI 00802	Mailing Address 6501 RED HOOK PLAZA, STE-201 PMB #527 ST. THOMAS, VIRGIN ISLANDS, 00802
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05042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0856841	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, GORDON 1406 SOUTH ST. KEY WEST, FL 33040

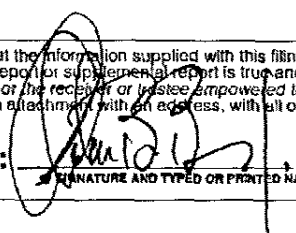
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)
DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BROWN, GORDON PMB #527, 6501 RED HOOK PLAZA, STE-201 ST. THOMAS, VIRGIN ISLANDS, 00802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BORNN, MICHAEL PMB #527, 6501 RED HOOK PLAZA, STE-201 ST. THOMAS, VIRGIN ISLANDS, 00802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/04-80005-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report for 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.
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SIGNATURE: 	4/30/04	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			