

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90054 006 ***150.00

DOCUMENT # P97000065450

1. Entity Name

ISLANDERS' OUTPOST, INC.



Principal Place of Business

4451 POINT HOUSE TRAIL
UPPER CAPTIVA FL 33945

Mailing Address

P.O. BOX 334
PINELAND FL 33945



2. Principal Place of Business

4451 POINT HOUSE TRAIL
Suite, Apt. #, etc. N/A

3. Mailing Address

P.O. BOX 334
Suite, Apt. #, etc. N/A

1st MOORE

CR2E034 (10/05)

City & State

UPPER CAPTIVA, FL
Zip 33945 Country LEE

City & State

PINELAND, FL
Zip 33945 Country LEE

4. FEI Number

65-0780918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, GARY S
4451 POINT HOUSE TRAIL
NORTH CAPTIVA FL 33945

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

2/1/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WALKER, GARY S
STREET ADDRESS 4241 POINT HOUSE TRAIL
CITY-ST-ZIP UPPER CAPTIVA FL 33945

TITLE VP ☐ Delete
NAME JARMOSZUK, NICHOLAS
STREET ADDRESS 21884 AVALON DRIVE
CITY-ST-ZIP ROCKY RIVER OH 44116

TITLE S ☐ Delete
NAME JARMOSZUK, DIANE
STREET ADDRESS 21884 AVALON DRIVE
CITY-ST-ZIP ROCKY RIVER OH 44116

TITLE T ☐ Delete
NAME JARMOSZUK, DIANE
STREET ADDRESS 21884 AVALON DRIVE
CITY-ST-ZIP ROCKY RIVER OH 44116

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/1/05

239-472-3000

Date

Daytime Phone #