

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000077939

1. Entity Name
ISLAND RENTAL SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -9 AM 7:54

Principal Place of Business
14549 AERIES WAY DR
FT MYERS, FL 33912

Mailing Address
P.O. BOX 442
SANIBEL, FL 33957

2. Principal Place of Business

3. Mailing Address

14549 AERIES WAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052006

Chg-P

CR2E034 (11/05)

City & State

City & State

FT. MYERS FL.

4. FEI Number

65-0783825

Applied For

Not Applicable

Zip

Country

Zip

33912

Country

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINSEN, SUZANNE M
14549 AERIES WAY
FT. MYERS, FL 33912

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00075039837

05/22/06--01061--027 **61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARTINSEN, SUZANNE M
STREET ADDRESS 14549 AERIES WAY DR.
CITY-ST-ZIP FORT MYERS, FL 33912 ☐ Delete

TITLE VD
NAME WENDEL, CHARLENE
STREET ADDRESS 14549 Aeries Way Dr.
CITY-ST-ZIP Fort Myers, FL 33912 ☐ Change ☒ Addition

TITLE VSPD
NAME BACIK, RANDALL J
STREET ADDRESS 12687 SUMMERWOOD DR.
CITY-ST-ZIP FORT MYERS, FL 33908 ☒ Delete

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

TITLE SEC
NAME BACIK, KIMBERLEE
STREET ADDRESS 12687 SUMMERWOOD DR.
CITY-ST-ZIP FT. MYERS, FL 33908 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

[Handwritten Signature]

5/4/06

239-634-8357