

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000105546**

1. Entity Name  
**ISLAND LOT SERVICES, INC.**



Principal Place of Business  
**P. O. BOX 2265  
MARCO ISLAND, FL 34146**

Mailing Address  
**P. O. BOX 2265  
MARCO ISLAND, FL 34146**



01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3484459**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MULLEN, KATHY  
421 13TH ST. SW  
NAPLES, FL 34120**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11000000405518  
02/07/06-80043-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MULLEN, KATHY
STREET ADDRESS	421 13TH ST. SW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	VD
NAME	MULLEN, DOUGLAS
STREET ADDRESS	421 13TH ST. SW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	VD
NAME	BAHMER, HENRY
STREET ADDRESS	P O BOX 926
CITY-ST-ZIP	MARCO ISLAND, FL 34146
TITLE	VD
NAME	GRAF, FRANCES
STREET ADDRESS	P O BOX 926
CITY-ST-ZIP	MARCO ISLAND, FL 34146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 #

*Kathryn B. Mullen* Kathryn B. Mullen 1/24/06 (239) 353-7923