

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000025490	
1. Entity Name ISLAND POLO, INC.	
Principal Place of Business 101 EAST KENNEDY BLVD SUITE 3300 TAMPA, FL 33602	Mailing Address 101 EAST KENNEDY BLVD SUITE 3300 TAMPA, FL 33602



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3505552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GORDON, BRAD A 101 E KENNEDY BLVD STE 3300 TAMPA, FL 33602
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000922225 05/15/08-80038-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAELS, J. PATRICK JR 101 E. KENNEDY BLVD. #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GORDON, BRAD A 101 E. KENNEDY BLVD. #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RAINEY, DORIS D 101 E. KENNEDY BLVD. #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, JOHN L 101 E. KENNEDY BLVD. #3300 TAMPA, FL 33602
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 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

John L. Wilson

Date

Daytime Phone #

4-17-08 352-578-0904