



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90073 014 ***150.00

DOCUMENT # P98000048609 1. Entity Name ISLAMORADA TRADING COMPANY, INC.					
Principal Place of Business P.O. BOX 15 ISLAMORADA, FL 33036 US			Mailing Address P.O. BOX 15 ISLAMORADA, FL 33036 US		
2. Principal Place of Business - No P.O. Box # 104 IROQUOIS ST. Suite, Apt. #, etc. TAVERNIER, FL		3. Mailing Address Suite, Apt. #, etc. City & State 			
Zip 33070		Country US		03112008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0870444				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, ALBERT L 926 TRUMAN AVENUE KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DODD, FRANK 104 IROQUOIS ST. TAVERNIER, FL 33070	<input type="checkbox"/> Delete			
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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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Frank S. Dodd</i> (Frank S. Dodd) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <input checked="" type="checkbox"/> 1/18/08 <small>Date</small> </div> <div> 305-853-0163 <small>Daytime Phone #</small> </div> </div>					