

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000067121

1. Entity Name
ISLAND COMPUTER, INC.



Principal Place of Business
2467 SYCAMORE STREET
SAINT JAMES CITY, FL 33956 US

Mailing Address
P.O. BOX 589
ST. JAMES CITY, FL 33956



01052006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0854895

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

ROSENBERG, JOAN E
2467 SYCAMORE STREET
ST. JAMES CITY, FL 33956

**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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROSENBERG, JOAN E
STREET ADDRESS 2467 SYCAMORE ST
CITY-ST-ZIP ST JAMES CITY, FL 339560589

TITLE S
NAME ROSENBERG, PHILLIP A
STREET ADDRESS 2467 SYCAMORE ST
CITY-ST-ZIP ST JAMES CITY, FL 339560589

TITLE
NAME
STREET ADDRESS
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03/06/06-80013-002 150.00

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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

Joan E. Rosenberg **JOAN E. Rosenberg** 2/20/06 239-283-2077