

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000006720

1. Entity Name
ISLAND BROTHERS, INC.



Principal Place of Business
**P.O. BOX 1288
ISLAMORADA, FL 33036**

Mailing Address
**P.O. BOX 1288
ISLAMORADA, FL 33036**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0887779** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEDELL, JOHN
88511 OVERSEAS HWY.
TAVERNIER, FL 33070**

**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 _____ (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**

**U00000523219
05/03/06-80064-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEDELL, JOHN A
STREET ADDRESS	P.O. BOX 1288 N/A
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	D
NAME	DANZIG, HENRY J
STREET ADDRESS	223 MOHAWK STREET
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

4-15-06 305-852-7351
Date Daytime Phone #