

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000030446

1. Entity Name
ISLAND SCREEN & RAILING, INC.



FILED

05 NOV 16 AM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
761 E. ELKAM CIRCLE
MARCO ISLAND, FL 34145

Mailing Address
761 E. ELKAM CIRCLE
MARCO ISLAND, FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11022005

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3568887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUSLER, GARY J
950 N. COLLIER BLVD., STE. 202
MARCO ISLAND, FL 34145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'NEILL, TIMOTHY P
1405 BUTTERFIELD CT
MARCO ISLAND, FL 34145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800061136198
11/03/05--01038--007 **\$750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'NEILL, BRIAN
1405 BUTTERFIELD CT
MARCO ISLAND, FL 34145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, JEFFERY
1215 JAMACIA RD
MARCO ISLAND, FL 34145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Timothy P O'Neill / TIMOTHY P O'NEILL 11/2/05 239-394-4812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #