

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 022 ***150.00

DOCUMENT # P99000098634 1. Entity Name ISLAND COTTAGE BY THE SEA, INC.					
Principal Place of Business 2316 SOUTH OCEANSHORE BLVD. FLAGLER BEACH, FL 32136			Mailing Address 2316 SOUTH OCEANSHORE BLVD. FLAGLER BEACH, FL 32136		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3638057				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			7. Name and Address of New Registered Agent		
SCOTT, JAMES A JR 4440 N. OCEANSHORE BLVD., SUITE 109 PALM COAST, FL 32137			Name Dennis K. Bayer Street Address (P.O. Box Number is Not Acceptable) 306 S. Oceanshore Blvd Flagler Beach FL City Flagler Beach FL Zip Code 32136		
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 <u><i>Dennis K. Bayer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1-10-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P MELTON, MARIE A 2316 S OCEANSHORE BLVD FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TREWORGY, MARK H 2316 SOUTH OCEANSHORE BLVD FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 a _____ with all other like _____ powered.			SIGNATURE: <u><i>Marie A. Melton</i></u> President <u>1-10-05</u> (386) 439-0092 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #</small>		