

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000106262

**Entity Name:** ISLAND AIRE OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

5651 HALIFAX AVE.  
SUITE 6  
FORT MYERS, FL 33912

**Current Mailing Address:**

5651 HALIFAX AVE.  
SUITE 6  
FORT MYERS, FL 33912

**FEI Number:** 26-1156916

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANT, WILLIAM CPRES.  
5651 HALIFAX AVE.  
SUITE 6  
FORT MYERS, FL 33912 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PVPS  
Name GRANT, WILLIAM C  
Address 5651 HALIFAX, SUITE 6  
City-State-Zip: FORT MYERS FL 33912

Title TD  
Name GRANT, WILLIAM C  
Address 5651 HALIFAX, SUITE 6  
City-State-Zip: FORT MYERS FL 33912

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM GRANT

PVPS

03/20/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date