

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073851

**FILED  
Mar 02, 2020  
Secretary of State  
9138280630CC**

**Entity Name:** ISLAND COTTON COMPANY

**Current Principal Place of Business:**

53 S.W. FLAGLER AVE.  
STUART, FL 34994

**Current Mailing Address:**

53 S.W. FLAGLER AVE.  
STUART, FL 34994 US

**FEI Number: 27-3979594**

**Certificate of Status Desired: No**

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

DAVIS, MICHELLE A  
53 S.W. FLAGLER AVE.  
STUART, FL 34994 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 P  
Name DAVIS, MICHELLE A  
Address 53 S.W. FLAGLER AVE.  
City-State-Zip: STUART FL 34994

Title S  
Name WHELPLEY, JONATHAN T  
Address 53 S.W. FLAGLER AVE  
City-State-Zip: STUART FL 34994

Title T  
Name DAVIS, MICHELLE A  
Address 53 S.W. FLAGLER AVE.  
City-State-Zip: STUART FL 34994

Title P  
Name DAVIS, MICHELLE A  
Address 53 S.W. FLAGLER AVE.  
City-State-Zip: STUART FL 34994

Title P  
Name DAVIS, MICHELLE A  
Address 53 S.W. FLAGLER AVE.  
City-State-Zip: STUART FL 34994

Title P  
Name DAVIS, MICHELLE A  
Address 53 S.W. FLAGLER AVE.  
City-State-Zip: STUART FL 34994

*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: MICHELLE DAVIS**

**OWNER**

**03/02/2020**

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

\_\_\_\_\_  
Date