


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

5/ **FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90216 008 \*\*\*150.00  
 06-23-2008 90001 017 \*\*\*150.00

**DOCUMENT # P00000079239**  
 1. Entity Name  
**SEARS' MARKET ON THE ISLAND, INC.**



Principal Place of Business      Mailing Address  
**657 PENSACOLA BEACH BOULEVARD**      **657 PENSACOLA BEACH BOULEVARD**  
**PENSACOLA BEACH, FL 32561**      **PENSACOLA BEACH, FL 32561**

**DO NOT WRITE IN THIS SPACE**



04292008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3664541</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**SEARS, JERRY D JR.**  
**1797 LIGHTHOUSE POINTE DR**  
**GULF BREEZE, FL 32563**

**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 remaining)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARS, JERRY D JR. 657 PENSACOLA BEACH BOULEVARD PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEARS, CAROL G 657 PENSACOLA BEACH BLVD PENSACOLA BEACH, FL 32561
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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

Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_