


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 10, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # G50697</b> 1. Entity Name <b>ISLAND INN SHORES, INC.</b>	
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Principal Place of Business <b>9980 GULF BLVD TREASURE ISLAND, FL 33706</b>	Mailing Address <b>9980 GULF BLVD TREASURE ISLAND, FL 33706</b>
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2305572</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  <b>BROWNLEE, CARL 9980 GULF BLVD TREASURE ISLAND, FL 33706</b>
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**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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	DS MICHAEL F SMITH 1901 COUNTRY CLUB CT PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWNLEE, CARL R 902 E REYNOLDS STREET PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LACEY L MCCLELLAN 119 108TH AVE BOX 329 TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCCLELLAN, LACEY 1903 W. REYNOLDS ST. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80056-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, without other like empowered.

SIGNATURE  X **2-1-05** X **299-2232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #