


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90036 041 ****70.00

DOCUMENT # 718120 1. Entity Name NETTLES ISLAND, INC.					
Principal Place of Business 9801 SOUTH OCEAN DR. JENSEN BCH, FL 34957			Mailing Address 9801 SOUTH OCEAN DR. JENSEN BCH, FL 34957		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1407317	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, JANE L 401 E. OSCEOLA ST. RIVER OAK CENTER STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME SIFFRAR, KURT STREET ADDRESS 1173 NETTLES BLVD CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE President NAME HARRY McCUBBIN STREET ADDRESS 325 NETTLES BLVD. CITY-ST-ZIP JENSEN Beach, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME CLAUSEN, RAYMOND STREET ADDRESS 1258 NETTLES BLVD CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE U. President NAME VIRGIL PENNINGTON STREET ADDRESS 1897 NETTLES BLVD. CITY-ST-ZIP JENSEN Beach, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SCHNELL, SHARON STREET ADDRESS 719 NETTLES BLVD CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LYNCH, WILLIAM STREET ADDRESS 1005 NETTLES BLVD. CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME FRANCIS Knudsen STREET ADDRESS 904 NETTLES BLVD. CITY-ST-ZIP JENSEN Beach, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>Harry L. McCubbin</i> HARRY L. McCubbin 2-22-08 229-2930 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					