

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2004 08:00 AM  
Secretary of State

DOCUMENT # G50697

1. Entity Name

ISLAND INN SHORES, INC.



Principal Place of Business

9980 GULF BLVD  
TREASURE ISLAND FL 33706

Mailing Address

9980 GULF BLVD  
TREASURE ISLAND FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2305572

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNLEE, CARL  
9980 GULF BLVD  
TREASURE ISLAND FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☐ Delete  
NAME MICHAEL F SMITH  
STREET ADDRESS 1901 COUNTRY CLUB CT  
CITY- ST- ZIP PLANT CITY FL 33567

TITLE ☐ Change ☐ Addition  
NAME 0000000061631  
STREET ADDRESS 02/27/04-80015-019 150.00  
CITY- ST- ZIP

TITLE DP ☐ Delete  
NAME BROWNLEE, CARL R  
STREET ADDRESS 902 E REYNOLDS STREET  
CITY- ST- ZIP PLANT CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE DT ☐ Delete  
NAME LACEY L MCCLELLAN  
STREET ADDRESS 119 108TH AVE BOX 329  
CITY- ST- ZIP TREASURE ISLAND FL 33706

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE DVP ☐ Delete  
NAME MCCLELLAN, LACEY  
STREET ADDRESS 1903 W. REYNOLDS ST.  
CITY- ST- ZIP PLANT CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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, with all other like empowered

SIGNATURE:

*Lacey McClellan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-04  
KYLE PRESIDENT  
Director  
Date Daytime Phone #