

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 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**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**BROWNLEE, CARL
9980 GULF BLVD
TREASURE ISLAND, FL 33706**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	MICHAEL F SMITH
STREET ADDRESS	1901 COUNTRY CLUB CT
CITY- ST- ZIP	PLANT CITY, FL 33567
TITLE	DP
NAME	BROWNLEE, CARL R
STREET ADDRESS	902 E REYNOLDS STREET
CITY- ST- ZIP	PLANT CITY, FL
TITLE	DT
NAME	LACEY L MCCLELLAN
STREET ADDRESS	119 108TH AVE BOX 329
CITY- ST- ZIP	TREASURE ISLAND, FL 33706
TITLE	DVP
NAME	MCCLELLAN, LACEY
STREET ADDRESS	1903 W. REYNOLDS ST.
CITY- ST- ZIP	PLANT CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000392172
01/24/06-80071-018 150.00

**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 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 #

1-18-06 727367 1926