


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 Mailing Address
9980 GULF BLVD **9980 GULF BLVD**
TREASURE ISLAND, FL 33706 **TREASURE ISLAND, FL 33706**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2305572 Not Applicable

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

5. Name and Address of Current Registered Agent
BROWNLEE, CARL
9980 GULF BLVD
TREASURE ISLAND, FL 33706

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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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	

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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 authority like empowered.

SIGNATURE:  1-18-06 727367 1926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #