2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# G50697

Entity Name: ISLAND INN SHORES, INC.

Current Principal Place of Business:

9980 GULF BLVD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

9980 GULF BLVD
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-2305572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: MICHAEL F SMITH,
Address: 1901 COUNTRY CLUB CT
City-St-Zip: PLANT CITY, FL 33567

Title: DP ( ) Delete
Name: BROWNLEE, CARL R,
Address: 902 E REYNOLDS STREET
City-St-Zip: PLANT CITY, FL

Title: DT ( ) Delete
Name: LACEY L MCCLELLAN,
Address: 119 108TH AVE BOX 329
City-St-Zip: TREASURE ISLAND, FL 33706

Title: DVP ( ) Delete
Name: MCCLELLAN, LACEY,
Address: 1903 W. REYNOLDS ST.
City-St-Zip: PLANT CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL R BROWNLEE DP 02/05/2009

Electronic Signature of Signing Officer or Director — Date