


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # K54090
 1. Entity Name
ISLAND ESTATES REALTY, INC.



Principal Place of Business Mailing Address
 % WILLIAM KING
 110 ISLAND WAY ISLAND ESTATES
 CLEARWATER FL 34630 % WILLIAM KING
 110 ISLAND WAY ISLAND ESTATES
 CLEARWATER FL 34630



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt #, etc Suite, Apt #, etc

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number Applied For
59-2927682 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
HILLER, JOANNE M
110 100 ISLAND WAY
CLEARWATER FL 33767

7. Name and Address of New Registered Agent
 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 _____ DATE _____
(Signature typed or printed below and the Florida office (NOTE: Registered Agent signature required when removing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HILLER, JOANNE M	
STREET ADDRESS	110 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S	<input type="checkbox"/> Delete
NAME	KING, WILLIAM	
STREET ADDRESS	110 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 02/20/08-80086-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if 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

2/6/08 727447-0040
Date Document #