

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075340

FILED
Apr 24, 2007
Secretary of State

Entity Name: ISLAND BUSINESS SYSTEMS, INC.

Current Principal Place of Business:

16125 SHELLCRACKER RD
JACKSONVILLE, FL 32226

New Principal Place of Business:

7860 GATE PKWY
115
JACKSONVILLE, FL 32256

Current Mailing Address:

16125 SHELLCRACKER RD
JACKSONVILLE, FL 32226

New Mailing Address:

7860 GATE PKWY
115
JACKSONVILLE, FL 32256

FEI Number: 59-3662803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAY, RICK
16125 SHELLCRACKER ROAD
JACKSONVILLE, FL 32226 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: P () Delete
Name: LAY, RICK
Address: 16125 SHELLCRACKER ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: LAY, JOYCE
Address: 16125 SHELLCRACKER ROAD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RICK LAY

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date