

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90033 037 \*\*\*158.75

<b>DOCUMENT # P00000075620</b> 1. Entity Name <b>ISLAND SHELLS &amp; GIFTS, INC.</b>					
Principal Place of Business <b>4206 PINE ISLAND RD. NW MATLACHA, FL 33993</b>				Mailing Address <b>4206 PINE ISLAND RD. NW MATLACHA, FL 33993</b>	
2. Principal Place of Business <b>4206 Pine Island Rd NW</b> Suite, Apt. #, etc.		3. Mailing Address <b>4206 Pine Island Rd NW</b> Suite, Apt. #, etc.			
City & State <b>matlacha FL</b> Zip <b>33993</b> Country <b>USA</b>		City & State <b>matlacha FL</b> Zip <b>33993</b> Country <b>USA</b>		4. FEI Number <b>65-1034641</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LONG, WOODY 4206 PINE ISLAND RD. NW MATLACHA, FL 33993</b>			7. Name and Address of New Registered Agent Name <b>JOELLEN A. NEIMEYER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4206 Pine Island Rd. N.W.</b> City <b>matlacha FL</b> Zip Code <b>33993</b>		
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 <u><i>Jo Ellen A. Neimeyer</i></u> DATE <u>02.06.06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONG, WOODY 4206 PINE ISLAND RD. NW MATLACHA, FL 33993 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOELLEN A NEIMEYER 4206 Pine Island Rd. N.W. MATLACHA, FL. 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Woody Long</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>02.06.06</u> <u>239 283-0187</u> <small>Date Daytime Phone #</small>		