Mar 01 07 04:32p Jo Neimeyer & Joe Meeki 1-

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90044 043 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000075620

1. Entity Name
ISLAND SHELLS & GIFTS, INC.

Principal Place of Business
4206 PINE ISLAND RD. NW
MATLACHA FL 33993

Mailing Address
4206 PINE ISLAND RD. NW
MATLACHA FL 33993

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #: 6224 Hwy. 76 E.
Suite, Apt. #, etc.
City & State: Young Harris, GA.
Zip: 30582 Country: USA

3. Mailing Address: P.O. Box 160
Suite, Apt. #, etc.
City & State: Young Harris, GA.
Zip: 30582 Country: USA

4. FEI Number: 65-1034641 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEIMEYER, JOELLEN A
4206 PINE ISLAND RD. NW
MATLACHA FL 33993

7. Name and Address of New Registered Agent
Name: William A. Maher
Street Address (P.O. Box Number is Not Acceptable): 2038 Henley Place
City: Ft Myers FL Zip Code 33901

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: William A Maher 3/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEIMEYER, JOELLEN A 4206 PINE ISLAND RD. NW MATLACHA FL 33993	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Neimeyer, JoELLEN A. 754 Hinton Center Rd. Hayesvilles, NC 28904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jo Neimeyer JoEllen A. Neimeyer 02-27-07 706-994-0734