

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000106667
 1. Entity Name
 ISLAND INNOVATIONS OF KEY WEST, INC.



FILED
Jul 18, 2008 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
 711 DUVAL STREET 711 DUVAL STREET
 KEY WEST, FL 33040 KEY WEST, FL 33040



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1069439 Not Applicable

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

6. Name and Address of Current Registered Agent
 MCDONALD, JILL
 711 DUVAL STREET
 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000335621
 07/18/08-80005-010 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MCDONALD, P. JILL
STREET ADDRESS	711 DUVAL STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	DS
NAME	MCDONALD, PAUL J
STREET ADDRESS	7784 CEDAR RIDGE DR
CITY-ST-ZIP	PICKERINGTON, OH 43147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jill McDonald Jill McDonald 7/14/08 (305) 294-0535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #