## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # P01000073121** 1. Entity Name

ISLANDS IN THE SUN NURSERY INC.



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Principal Place of Business 90174 OVERSEAS HWY., #1 TAVERNIER FL 33070		Mailing Address PO BOX 101 TAVERNIER FL 33070		J.					
2. Principal P	lace of Business - No P.C. Box #	3. Mailing Address					14540 11(0) 11310 11(		
Suite, Apt. #, etc.		Suite, Apt. #. etc.			1st MOORE CR2E034 (10/07)				
City & State		City & State			4. FEI Number 65-1136012 Applied For Not Applicable				
Zip Country Zip		Ζiρ	Country		5. Certificate	Certificate of Status Desired S8.75 Additional Fee Required			
	S. Nome and Address of Courses	agistored Avent			<u> </u>				
	6. Name and Address of Current	negistered Agent		7. Name and Address of New Registered Agent					
RIVERS, JESSE DUSTI				Name Street Address (P.O. Box Number is Not Acceptable)					
TAV	74 OVERSEAS HWY., #1 ERNIER FL 33070			, .					
	÷			City		l	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. It am familiar with, and accept the obligations of registered agent. SIGNATURE									
	Signature, typed or printed name of regulared agent	und tile Lappicable. (NOTE	Registere	o Agera eignature require:	d when reinstitling)	DA	TE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fin     Trust Fund Centribution		55.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.					ADDITIONS	COLLANGED TO OFFICE	AND DIDEOT	ODO 01.44	
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Increby certify that the information subplied with this filling 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

Date

Daytime Phone #