

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90216 008 ***150.00

DOCUMENT # P02000084859

1. Entity Name
ISLAND HISTORY TOURS, INC



Principal Place of Business
58 1/2 BROAD STREET
CHARLESTON, SC 29401

Mailing Address
58 1/2 BROAD STREET
CHARLESTON, SC 29401

2. Principal Place of Business - No P.O. Box #
45 BROAD STREET
Suite, Apt. #, etc.
SUITE 200

3. Mailing Address
45 BROAD STREET
Suite, Apt. #, etc.
SUITE 200



01092007 Chg-P CR2E034 (12/06)

City & State
CHARLESTON SC
Zip
29401 Country
USA

City & State
CHARLESTON SC
Zip
29401 Country
USA

4. FEI Number
27-0024847
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John T. Rhodes Jr* *JOHN T. RHODES JR PRES* DATE: *1/9/07*

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
RHODES, JOHN T JR
58 1/2 BROAD STREET
CHARLESTON, SC 29401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC.
STILES, DENNIS W
58 1/2 BROAD STREET
CHARLESTON, SC 29401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
45 BROAD STREET, SUITE 200
CHARLESTON SC 29401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
45 BROAD STREET, SUITE 200
CHARLESTON SC 29401

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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 fee empowered.

SIGNATURE: *John T. Rhodes Jr* DATE: *1/9/07* 843 577 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR