

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015219

FILED  
Mar 09, 2005  
Secretary of State

Entity Name: ISLAND INDEPENDENT INSURANCE SERVICES, INC.

## Current Principal Place of Business:

457 KINGSLEY AVE  
ORANGE PARK, FL 32073 US

## New Principal Place of Business:

## Current Mailing Address:

457 KINGSLEY AVE.  
ORANGE PARK, FL 32073

## New Mailing Address:

FEI Number: 51-0444279      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHEELER, JACQUELYN E  
2585 QUAIL RUN LN.  
ORANGE PARK, FL 32073 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WHEELER, JACQUELYN E  
Address: 2585 QUAIL RUN LN.  
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: WHEELER, JACQUELYN E  
Address: 2585 QUAIL RUN LN.  
City-St-Zip: ORANGE PARK, FL 32073

Title: V.P ( ) Change (X) Addition  
Name: HALE, GREGORY  
Address: 2585 QUAIL RUN LANE  
City-St-Zip: ORANGE PARK, FL 32073

Title: SEC ( ) Change (X) Addition  
Name: WHEELER, JANICE  
Address: 1190 FOXMEADOW TRAIL  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN E. WHEELER

PRES

03/09/2005

Electronic Signature of Signing Officer or Director

Date