2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# P03000015219

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:

538 PARK AVE
SUITE 2
ORANGE PARK, FL 32073 US

Current Mailing Address:

457 KINGSLEY AVE.
ORANGE PARK, FL 32073

New Mailing Address:

538 PARK AVE
SUITE 2
ORANGE PARK, FL 32073 US

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

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

Title: SEC ( ) Delete
Name: WHEELER, JANICE
Address: 168 OSCAR LANE
City-St-Zip: COTTONDALE, FL 32431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V.P (X) Change ( ) Addition
Name: CLARK, JAMES D
Address: 5175 CHARLEMAGNE RD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 03/24/2008
Electronic Signature of Signing Officer or Director Date