2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# P03000015219

Entity Name: ISLAND INDEPENDENT INSURANCE SERVICES, INC.

Current Principal Place of Business:

538 PARK AVE
SUITE 2
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

538 PARK AVE
SUITE 2
ORANGE PARK, FL 32073 US

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:

HALE, JACQUELYN E
538 PARK AVE
STE. 2
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

HALE, JACQUELYN W
538 PARK AVE
STE. 2
ORANGE PARK, FL 32073 US

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: JACQUELYN E HALE 04/03/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HALE, JACQUELYN E
Address: 538 PARK AVE., STE. 2
City-St-Zip: ORANGE PARK, FL 32073 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HALE, JACQUELYN W
Address: 538 PARK AVE., STE. 2
City-St-Zip: ORANGE PARK, FL 32073 US

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

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 W. HALE PRES 04/03/2009
Electronic Signature of Signing Officer or Director Date