

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90195 043 \*\*\*150.00

<b>DOCUMENT # P03000028338</b> 1. Entity Name <b>ISLAND EXTERIORS, INC</b>			
Principal Place of Business <b>2455 WILL HARDEE RD. FERNANDINA BEACH, FL 32034</b>		Mailing Address <b>2455 WILL HARDEE RD. FERNANDINA BEACH, FL 32034</b>	
2. Principal Place of Business - No P.O. Box # <b>2455 Will Hardee Rd.</b>		3. Mailing Address <b>2455 Will Hardee Rd.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Fernandina Bch FL</b>		City & State <b>Fernandina Bch FL</b>	
Zip <b>32034</b>		Zip <b>32034</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3260412</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MIXON, RIPP J 2455 WILL HARDEE RD. FERNANDINA BEACH, FL 32034</b>		7. Name and Address of New Registered Agent  <b>N/A</b>	
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: <b>A/A</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MIXON, RIPP J 2455 WILL HARDEE RD. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MIXON, KIMBERLY S 2455 WILL HARDEE RD. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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 like empowered.			
SIGNATURE: <b>Ripp J. Mixon</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>5/24/08</b> Daytime Phone #: <b>904-277-3088</b>	