


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90038 021 ***150.00

DOCUMENT # P04000082490

1. Entity Name
ISLAND HIDEAWAYS, INC.



Principal Place of Business Mailing Address

81581 OLD HIGHWAY ISLAMORADA FL 33036 US **81581 OLD HIGHWAY ISLAMORADA FL 33036 US**


2. Principal Place of Business - No P.O. Box # **81599 OLD HWY** 3. Mailing Address **PO Box 991**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Islamorada FL** City & State **Islamorada FL**

Zip **33036** Country **USA** Zip **33036** Country **USA**

00002000



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

CLARK, BROOKS
81581 OLD HIGHWAY
ISLAMORADA FL 33036

4. FEI Number **65-0870101** Applied For Not Applicable

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

7. Name and Address of New Registered Agent


Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

81599 Old Hwy

City **Islamorada** FL Zip Code **33036**

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  DATE _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, BROOKS 81581 OLD HIGHWAY ISLAMORADA FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3/18/08** **561-603-9321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #