

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000024993**

1. Entity Name  
**ISLAND MESSAGE & SKIN, INC.**



Principal Place of Business  
**3520 NW 43RD ST.  
GAINESVILLE, FL 32606 US**

Mailing Address  
**3520 NW 43RD ST.  
GAINESVILLE, FL 32606 US**



05012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2341976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GODDARD, CAROLYN  
3520 NW 43RD STREET  
GAINESVILLE, FL 32606**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GODDARD, CAROLYN
STREET ADDRESS	3520 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	VP
NAME	GODDARD, CAROLYN
STREET ADDRESS	3520 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	T
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/03/08-80031-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #