2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107413

CALHOUN, LÀURA

1223 54TH STREET

COLUMBUS, GA 31904

Name:

Address:

City-St-Zip:

Entity Name: ISLAND BREEZE REALTY AND MANAGEMENT, INC.

FILED Mar 29, 2008 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place of Business:		
4924 THO PANAMA	MAS DR. CITY BEACH,	FL 32408			
Current Mailing Address:			New Mailing Address:		
4924 THO PANAMA	MAS DR. CITY BEACH,	FL 32408			
FEI Number	: 20-3320237	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of New Registered Agent:		
MIMS, JOHN WESLEY 4924 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US			4924 THOMAS DRÍVE	DOESCHER-MIMS, WHITNEY 4924 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: WHITNEY DOESCHER-MIMS				03/29/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DOESCHER-M P.O. BOX 2809) Delete IIMS, WHITNEY 90 BEACH, FL 32408	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DOESCHER, J P.O. BOX 2809		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (VALENTINI, RI 1223 54TH ST COLUMBUS, G	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WHITNEY DOESCHER-MIMS D 03/29/2008