## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P06000156073**

1. Entity Name

ISLAND TREASURES OF 8TH STREET, INC.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

1104 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034 Mailing Address

1104 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034



## DO NOT WRITE IN THIS SPACE

02132008 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

\$6.75 Additiona Fee Required

6. Name and Address of Current Registered Agent

LEEPER, EMMA L 1745 SOUTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent	urpose of changing its register	ed office or re	egistered agent, or be	oth, in the State of Florida	I am familiar with, and ac	cept
SIGNATURE				gent signature required when reinstating) DATE			_
FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contribution			ncing	\$5.00 May Be Added to Fees		,	
10.	OFFICERS AND DIREC	TORS ·	30 S N N N N N N N N N N N N N N N N N N				14.4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEPER, EMMA L 1745 SOUTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034				05/12/08-800	3936 308-009 150 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST O'QUINN, BRENDA L 423 BONNIEVIEW RD. FERNANDINA BEACH, FL 32034						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				İN	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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 regeiver 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-/9-08

90 9-20 Daytime Phone # 200