


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90075 010 ***150.00

DOCUMENT # P93000047236	
1. Entity Name ISLAND BODY AND SOL, INC.	

Principal Place of Business 86739 OLD HIGHWAY ISLAMORADA, FL 33036 US	Mailing Address 86739 OLD HIGHWAY ISLAMORADA, FL 33036 US
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2. Principal Place of Business - No P.O. Box # 83311 OLD Hwy	3. Mailing Address 83311 OLD Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ISLAMORADA FL	City & State ISLAMORADA FL 33036
Zip 33036	Country U.S.
Zip 33036	Country U.S.



07062007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0429992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORTON, JAMES 83311 OLD HWY ISLAMORADA, FL 33036	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

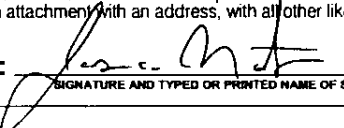
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MORTON, JAMES C 83311 OLD HIGHWAY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JAMES C. MORTON** 7-7-07 305 664-3264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40124238
#P93000047236

AS you can see we moved AND never received the ORIGINAL
NOTICE OR REPORT. Luckily The Post Office Forwarded The
Intent To Dissolve AND we caught this in time.

Thank you for your cooperation. J. M. J.