


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90021 033 ***150.00

DOCUMENT # P93000068844 1. Entity Name ISLAND BUSINESS & ACCOUNTING SERVICES, INC.			
Principal Place of Business 111 LEYDA BLVD. EAST PALATKA, FL 32131 US		Mailing Address 111 LEYDA BLVD. EAST PALATKA, FL 32131 US	
2. Principal Place of Business - No P.O. Box # 4320 K1A South Suite, Apt. #, etc. # 3		3. Mailing Address 4320 K1A South Suite, Apt. #, etc. # 3	
City & State St Augustine, FL Zip 32080 Country US		City & State St Augustine, FL Zip 32080 Country US	
4. FEI Number 59-3203264		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GANSON, TARA 111 LEYDA BLVD. EAST PALATKA, FL 32131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3883 Arrowhead Dr City St Augustine FL Zip Code 32086	
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 <u><i>Tara Ganson</i></u> DATE <u>4-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP GANSON, TARA 111 LEYDA BLVD. EAST PALATKA, FL 32131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3883 Arrowhead Dr St. Augustine FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PACETTI, TRIVY 1060 SOUTH WINTERHAWK DRIVE SAINT AUGUSTINE, FL 32086 <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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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: <u><i>Tara Ganson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/7/08</u> Daytime Phone # <u>904-471-6306</u>	