

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044021

Entity Name: ISLAND EXPORT SUPPLY, INC.

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

521 E. HAITI AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

521 E. HAITI AVE
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0593729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINO, GRACE
521 E HAITI AVE.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

LYNCH, PATRICIA B PRES
521 E HAITI AVE.
CLEWISTON, FL 33440 US

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.

SIGNATURE: PB

01/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, CAROLYN
Address: 9730 JOHNSON ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: MARTINO, GRACE
Address: 521 E HAITI AVE.
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LYNCH, PATRICIA
Address: 1682 JOSHUA BLVD
City-St-Zip: CLEWISTON, FL 33440

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PB

PRES

01/21/2008

Electronic Signature of Signing Officer or Director

Date