


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000098787 1. Entity Name ISLANDS SOUTH, INC.	
---	---

Principal Place of Business POST OFFICE BOX 9958 PANAMA CITY BEACH, FL 32417	Mailing Address P.O. BOX 7138 PANAMA CITY BEACH, FL 32413
--	---

DO NOT WRITE IN THIS SPACE



09092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3457741	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 ISLER, CHARLES S II 434 MAGNOLIA AVENUE PANAMA CITY BEACH, FL 32401
--

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	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.
--	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALFORD, DANIEL R 10948 EAST HWY , C-30A PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROY, ATCHISON J D 80 SHORELINE DRIVE GULF BREEZE, FL 32581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000773981 09/14/07-80001-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DANIEL R. ALFORD President Date 9-9-07 Daytime Phone # 850-624-2752
--	---