

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2008 8:00 am
Secretary of State

02-26-2008 90007 007 ***150.00

DOCUMENT # P97000012663 1. Entity Name ISLANDERS' LANDING, INC.					
Principal Place of Business 8175 MAIN ST. BOKEELIA FL 33922			Mailing Address 8283 MAIN ST BOKEELIA FL 33922		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0761554 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent LUETH, RON 8283 MAIN STREET- BOKEELIA FL 33922			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) P.O. Box 148 8283 MAIN ST City BOKEELIA FL Zip Code 33922		
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 _____ Signature, typed or printed name of registered agent and title. (Approach) (NOTE: Registered Agent signature required when not available)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P WELCOM, RONALD ☒ Delete 8293 MAIN ST. BOKEELIA FL 33922		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LESLIE DESTARLAIS ☐ Change ☒ Addition 147 RESEVOIR ROAD PASCOAL RI 02859	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ☐ Delete MORTIMER, TERRY P.O. BOX 494 PINELAND FL 33945		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Leslie D. Destarlais SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/15/08		
401-568-1807			401-568-1807		