

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # S58596

1. Entity Name

ISLAND CLASSICS, INC.



Principal Place of Business

2076 INDIAN CREEK CT
DUNEDIN FL 34698
US

Mailing Address

2076 INDIAN CREEK CT
DUNEDIN FL 34698
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0323995

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, DONALD K
2076 INDIAN CREEK CT
DUNEDIN FL 34698

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

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

TITLE PD ☐ Delete
NAME NELSON, JUDITH
STREET ADDRESS 2076 INDIAN CREEK CT
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VT ☐ Delete
NAME NELSON, DONALD
STREET ADDRESS 2076 INDIAN CREEK CT
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VP ☐ Delete
NAME EVANS, RONALD
STREET ADDRESS 1568 AMBROSIA DR
CITY-ST-ZIP CLEARWATER FL 33755

TITLE VP ☐ Delete
NAME EVANS, PAMELA
STREET ADDRESS 1568 AMBROSIA DR
CITY-ST-ZIP CLEARWATER FL 33755

TITLE VP ☐ Delete
NAME WRIGHT, HARMON
STREET ADDRESS 14327 TEASDALE AVE
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE U00000797690 ☐ Change ☐ Addition
NAME 01/29/08-80083-018 150.00
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

D.K. Nelson

D.K. NELSON

1/23/08

(727) 785 2439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City

Daytime Phone #