

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S95720

1. Entity Name
ISLAND MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**8815-A THOMAS DRIVE
PANAMA CITY, FL 32408 US**

Mailing Address
**P.O. 80 9456
PANAMA CITY, FL 32417 US**

FILED
Feb 11, 2008 08:00 AM
Secretary of State



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-3095277	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

**HARRISON, SYLVIA M P
8815-A THOMAS DR
PANAMA CITY, FL 32408**

**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

Sylvia M Harrison

(NOTE: Registered Agent signature required when reappointing)

2/8/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRISON, SYLVIA M 8815-A THOMAS DRIVE PANAMA CITY BEACH FL, FL 32408
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02/19/08-80061-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Sylvia M Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #