


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # J53936 1. Entity Name ISSA HOMES SOUTHERN, INC.	
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Principal Place of Business 950 CELEBRATION PLACE STE F CELEBRATION, FL 34747 US	Mailing Address 950 CELEBRATION BLVD SUITE F CELEBRATION, FL 34747 US
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04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2762007	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ISSA, FRANCIS J.  
950 CELEBRATION BLVD  
STE F  
CELEBRATION, FL 34747

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	DP ISSA, FRANCIS J. 950 CELEBRATION BLVD STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HEMPEL, DONALD 950 CELEBRATION BLVD STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COSTELLO, FRED D. 950 CELEBRATION BLVD STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORBEL, KATHLEEN 950 CELEBRATION BLVD STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCHELL, JEFFREY 950 CELEBRATION BLVD STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000131636  
04/27/04-80013-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #