2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L28294

1. Entity Name
ISIS SOFTWARE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
6518 W SMITH RD SOUTHPORT, FL 32409	6518 W SMITH RD SOUTHPORT, FL 32409

DO NOT WRITE IN THIS SPACE

03112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2975602	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TROLLOPE, RICHARD C
333 MAGNOLIA AVE
PANAMA CITY, FL 32401

DO NOT WRITE
IN THIS SPACE

a. 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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MERRITT, KERRY G
STREET ADDRESS	6524 W SMITH RD
CITY-ST-ZIP	SOUTHPORT, FL 32409
TITLE	S
NAME	MERRITT, BARBARA
STREET ADDRESS	6524 W SMITH RD
CITY-ST-ZIP	SOUTH PORT, FL 32409
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	

U000003I7089
04/20/05-80006-015 150.00

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)(i), 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: *Barbara Merritt, Sec.*
BARBARA MERRITT, SEC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-05   850-265-8669
Date   Daytime Phone #