

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004897

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** INTERNATIONAL SUPPLY OPERATIONS NETWORK, INC.

**Current Principal Place of Business:**

5755 RAMONA BLVD  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

5755 RAMONA BLVD  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 59-3684436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZVARA, WILLIAM  
4810 ARAPAHOE AVE  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GARRETT, J BRIAN  
Address: 4536 BULL RUN ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: ROTHERT, HAROLD R  
Address: 669 TRAMORE PLACE  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: WIGGINS, GARRY L  
Address: 5755 RAMONA BLVD  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRY WIGGINS

DIR

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date