

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90161 014 \*\*\*\*61.25

**DOCUMENT # N02000005905**

1. Entity Name  
**HOUSE OF ISAAH INC.**



Principal Place of Business  
4733 WATERS AVE 484 CR 552  
1034 S.E. 5TH TERRACE  
TAMPA, FL 33614 BUSHNEILL FL 33513

Mailing Address  
3910 HUNT ROAD PO Box 672  
#235 BUSHNEILL FL  
TAMPA, FL 33614 33513 US



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

05032004 Chg-NP CR2E037 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**82-0556244**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**WATTS, JR, ISAAC**  
3910 HUNT ROAD 484 C.R. 552  
#235 SE 5TH TERRACE  
TAMPA, FL 33614 BUSHNEILL FL 33513

7. Name and Address of New Registered Agent  
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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WATTS, JR., ISAAC	
STREET ADDRESS	3910 HUNT ROAD #235 484 C.R. 552	
CITY-ST-ZIP	TAMPA, FL 33614 SE 5TH TERRACE BUSHNEILL FL 33513	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, LINDA E	
STREET ADDRESS	4733 W WATERS AVE #1034	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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:**

*Linda E. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

813-885-1447

Daytime Phone #

Linda E. Smith

ATTACHMENT 54052737  
# NO2000005905

We did not  
receive our  
notice by mail