


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000002925 1. Entity Name ISOTEAM CORPORATION |  |
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| Principal Place of Business 8701 WINDELSTRAW WAY TAMPA, FL 33647 | Mailing Address 8701 WINDELSTRAW WAY TAMPA, FL 33647 |
|--|--|



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-3610607 | Applied For Not Applicable |
| 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 FINLAY, WILLIAM D 8701 WINDELSTRAW WAY TAMPA, FL 33647 |
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**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 _____
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, 2007 Fee will be \$550.00

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

U000000577669
01/08/07-80025-010 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FINLAY, WILLIAM D 8701 WINDELSTRAW WAY TAMPA, FL 33647 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FINLAY, GEORGETTE K 8701 WINDELSTRAW WAY TAMPA, FL 33647 |
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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: William D Finlay WILLIAM D FINLAY 1/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #