


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90279 005 ***150.00

DOCUMENT # P00000008404 1. Entity Name ISM, INC.																											
Principal Place of Business 1340 WALDEN DR. FT. MYERS, FL 33901		Mailing Address 1340 WALDEN DR. FT. MYERS, FL 33901																									
2. Principal Place of Business 7619 Edison Dr. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4279 Suite, Apt. #, etc.																									
City & State Fort Myers, FL Zip 33917		City & State Fort Myers, FL Zip 33918																									
Country LEE		Country LEE																									
4. FEI Number 65-0983137		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCALLISTER, ISLA S 1340 WALDEN DR. FT. MYERS, FL 33901		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCALLISTER, ISLA S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1340 WALDEN DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. MYERS, FL 33901</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	MCALLISTER, ISLA S		STREET ADDRESS	1340 WALDEN DR.		CITY-ST-ZIP	FT. MYERS, FL 33901		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>I.S. McAllister</u> I.S. McAllister 239-567-1289 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											