


2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21
Sec

DOCUMENT # P0000017877
 1. Entity Name
THE ISELY COMPANY, INC.



Principal Place of Business 6522 MANILA PALM WAY APOLLO BEACH, FL 33572	Mailing Address 6522 MANILA PALM WAY APOLLO BEACH, FL 33572
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3626444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

ISLEY, JAMES W
6522 MANILA PALM WAY
APOLLO BEACH, FL 33572

DO NOT WRITE IN THIS SPACE

9. 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ISLEY, JAMES W
STREET ADDRESS	6522 MANILA PALM WAY
CITY - ST - ZIP	APOLLO BEACH, FL 33572
TITLE	VP
NAME	ISELY, CONSTANCE D
STREET ADDRESS	6522 MANILA PALM WAY
CITY - ST - ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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)(f), 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:  DATE: 04/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year