

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061310

FILED
Jan 19, 2009
Secretary of State

Entity Name: ISLER & ASSOCIATES TITLE, INC.

Current Principal Place of Business:

2226 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

2226 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 59-3655845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMBATHY, JULIE ANN
508 NORTH SHORE CIRCLE
LYNN HAVEN, FL 32444 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISLER, CHARLES S III
Address: 2226 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: ISLER, FREDERICK B
Address: 1009 WEST CAROLINE BLVD.
City-St-Zip: PANAMA CITY, FL 32401

Title: PD () Delete
Name: SOMBATHY, JULIE ANN
Address: 508 NORTH SHORE CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VPD () Delete
Name: SOMBARTY, ROBERT S
Address: 508 NORTHSHORE CIR
City-St-Zip: LYNN HAVEN, FL 32444

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE SOMBATHY

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date