

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000093108

1. Entity Name
ISOGRAN USA, INC.



Principal Place of Business
1306 OMAHA STREET
PALM HARBOR, FL 34683

Mailing Address
1306 OMAHA STREET
PALM HARBOR, FL 34683



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2376102

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOUIJZER, MARIA
1306 OMAHA STREET
PALM HARBOR, FL 34683

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000071118
03/01/04-80059-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KOUIJZER, MARIA
STREET ADDRESS 1306 OMAHA STREET
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE VD
NAME KOUIJZER, J A
STREET ADDRESS 1306 OMAHA STREET
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE VD
NAME KOUIJZER, ARJAN
STREET ADDRESS 12303 HOLLOW STUMP ROAD
CITY-ST-ZIP TAMPA, FL 33637

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04

Date

Daytime Phone #