

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000073745

1. Entity Name
ILSO VENTURES, INC.



Principal Place of Business
11705 BOYETTE ROAD
RIVERVIEW, FL 33569

Mailing Address
11705 BOYETTE ROAD
RIVERVIEW, FL 33569



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0071733

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KJOSE, JR., DAVID L
11705 BOYETTE ROAD
RIVERVIEW, FL 33569

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KJOSA, SR, DAVID L
8841 SHENANDOAH RUN
WESLEY CHAPEL, FL 33544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KJOSA, JR., DAVID L
9618 BIRNAMWOOD ST.
RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KJOSA, ESTHER I
8841 SHENANDOAH RUN
WESLEY CHAPEL, FL 33544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KJOSA, JEANNETTE F
9618 BIRNAMWOOD ST.
RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000474596
04/04/06-80030-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

813-741-1140

Daytime Phone