


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State


02-03-2006 90005 047 ***158.75

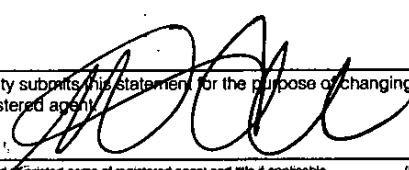
DOCUMENT # P05000041620	
1. Entity Name ISJ HOMES, INC.	

Principal Place of Business 7117 GASPARILLA RD. PORT CHARLOTTE, FL 33981	Mailing Address 7117 GASPARILLA RD. PORT CHARLOTTE, FL 33981
---	---

2. Principal Place of Business 7117a GASPARILLA Rd Suite, Apt. #, etc.	3. Mailing Address 7117a GASPARILLA Rd Suite, Apt. #, etc.
---	---

City & State Port CHARLOTTE FL	City & State Port CHARLOTTE FL 33981
Zip 33981	Country CHARLOTTE

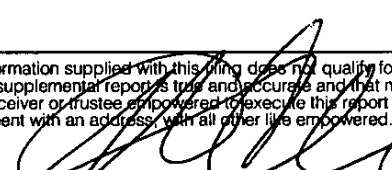
	
02012006	Chg-P CR2E034 (11/05)
4. FEI Number 16-1723369	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BERNGARD, GLEN A 6421 CONGRESS AVE., SUITE 100 BOCA RATON, FL 33487	
	

7. Name and Address of New Registered Agent	
Name: CHISESI, STEFANO	
Street Address (P.O. Box Number is Not Acceptable): 7117a GASPARILLA Rd	
City: Port CHARLOTTE	FL Zip Code: 33981
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	DATE Feb 1 2006

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME CHISESI, IGNAZIO	TITLE PD	NAME CHISESI IGNAZIO
STREET ADDRESS 4750 NW 74TH PLACE	CITY-ST-ZIP COCONUT CREEK, FL 33073	STREET ADDRESS 7117a GASPARILLA Rd	CITY-ST-ZIP Port CHARLOTTE FL 33981
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME CHISESI, STEFANO	TITLE VD	NAME CHISESI, STEFANO
STREET ADDRESS 7117 GASPARILLA RD.	CITY-ST-ZIP PORT CHARLOTTE, FL 33981	STREET ADDRESS 7117 GASPARILLA RD.	CITY-ST-ZIP PORT CHARLOTTE, FL 33981
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME CHISESI, JANICE M	TITLE SD	NAME CHISESI, JANICE M
STREET ADDRESS 4750 NW 74TH PLACE	CITY-ST-ZIP COCONUT CREEK, FL 33073	STREET ADDRESS 7117a GASPARILLA Rd	CITY-ST-ZIP Port CHARLOTTE FL 33981
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 life empowered.	
SIGNATURE: 	DATE Feb 1 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #