## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000041620**

1. Entity Name ISJ HOMES, INC.



FILED Mar 14, 2008 08:00 A Secretary of State

Principal Place of Business

7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981 Mailing Address

7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981



CR2E034 (11/05)

Daytime Phone #

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1723369
Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHISESI, STEFANO 7117A GASPARILLA RD PORT CHARLOTTE, FL 33981

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

No Chg-P

the obligations of registered agent.  SIGNATURE  STEFANO CHISES!  1/17/08					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOWIL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing #	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHISESI, IGNAZIO 7117A GASPARILLA RD PORT CHARLOTTE, FL 33981				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHISESI, STEFANO 7117 GASPARILLA RD. PORT CHARLOTTE, FL 33981				U00000858704 04/01/08-80057-004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHISESI, JANICE M 7117A GASPARILLA RD PORT CHARLOTTE, FL 33981			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·
12. I hereby certify that the information supplied with this filling 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 trie 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 an file empowered to effect 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 a filling that is the empowered.					

STEFANOCHISES 1

ED NAME OF BIGNING OFFICER OR DIRECTOR