

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125563

Entity Name: ISF GROUP, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

2335 WEST CLOVELLY LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

12490 TROPIC DRIVE E.
JACKSONVILLE, FL 32225 US

Current Mailing Address:

2335 WEST CLOVELLY LANE
ST. AUGUSTINE, FL 32092

New Mailing Address:

12490 TROPIC DRIVE E.
JACKSONVILLE, FL 32225 US

FEI Number: 26-1462699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GANGER, BRUCE E
2335 WEST CLOVELLY LANE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

GANGER, BRUCE E
12490 TROPIC DRIVE E.
JACKSONVILLE, FL 32225 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GANGER, BRUCE E PRES
Address: 2335 WEST CLOVELLY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GANGER, BRUCE E PRES
Address: 12490 TROPIC DRIVE E.
City-St-Zip: JACKSONVILLE, FL 32225 US

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: BRUCE E. GANGER

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date