
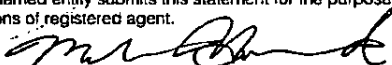


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-02-2004 90006 009 ***150.00

DOCUMENT # P95000053330					
1. Entity Name ISGP, INC.					
Principal Place of Business % JOSEPH M. HOVLAND 11983 NORTH TAMiami TRAIL, SUITE 100 NAPLES FL 34110 US			Mailing Address % JOSEPH M. HOVLAND 11983 NORTH TAMiami TRAIL, SUITE 100 NAPLES FL 34110 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent VOGEL, JAMES D 3936 NORTH TAMiami TRAIL SUITE B NAPLES FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 1/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	HOVLAND, JOSEPH M	deceased			
STREET ADDRESS	11983 TAMiami TRAIL NORTH				
CITY-ST-ZIP	NAPLES FL				
TITLE	VD	<input checked="" type="checkbox"/> Delete			
NAME	CARMOSINO, JOSEPH M	deceased			
STREET ADDRESS	3300 GULF SHORE BLVD., N., #405				
CITY-ST-ZIP	NAPLES FL				
TITLE	TD	<input checked="" type="checkbox"/> Delete			
NAME	MILLER, FORREST	deceased			
STREET ADDRESS	649 BEACHWALK CIRCLE, SUITE 101				
CITY-ST-ZIP	NAPLES FL				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	MOAVENI, KHOSROW				
STREET ADDRESS	3936 TAMiami TRAIL NORTH, SUITE B				
CITY-ST-ZIP	NAPLES FL				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Melanie Hovland				
STREET ADDRESS	11983 Tamiami Trail N, Ste 100				
CITY-ST-ZIP	Naples, FL 34110				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 empowered.					
SIGNATURE: Melanie A. Hovland, President/Hovland Inc				1/26/2004 (239) 594-7777	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

66402005



MOORE CR2E034 (11/03)