


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000019887**

1. Entity Name  
**ISSA HOMES, INC.**



Principal Place of Business  
**950 CELEBRATION BLVD, STE F  
 KISSIMMEE, FL 34747**

Mailing Address  
**950 CELEBRATION BLVD  
 SUITE F  
 CELEBRATION, FL 34747**

**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-P GR2E034 (10/03)

4. FEI Number  
**65-0732319**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WHEELER, JAMES J ESQ  
 7777 GLADES ROAD  
 SUITE 300  
 BOCA RATON, FL 33434**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 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	DP ISSA, FRANCIS J 950 CELEBRATION BLVD, STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS HEMPEL, DONALD E 950 CELEBRATION BLVD, STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MARCHELL, JEFFREY F 950 CELEBRATION BLVD, STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVAS COSTELLO, FRED D 950 CELEBRATION BLVD, STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD0000132314  
 04/27/04-80040-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_