

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90090 032 \*\*\*158.75

**DOCUMENT # P97000019887**

1. Entity Name  
ISSA HOMES, INC.



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

Mailing Address  
950 CELEBRATION BLVD  
SUITE F  
CELEBRATION, FL 34747

40054893



04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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

**DO NOT WRITE  
IN THIS SPACE**

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 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

*Jeffrey Marchell*

4-3-07

Date

407514-4772

Daytime Phone #