


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # S12811 1. Entity Name ISOLA & THEISEN INVESTMENT PROPERTIES, INC.	
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Principal Place of Business 557 WYMORE ROAD NORTH SUITE 101 MAITLAND, FL 32751 US	Mailing Address P O BOX 941483 MAITLAND, FL 32794-1483 US
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04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3038346	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent ISOLA, ROBERT E., SR. 557 WYMORE RD NORTH STE 101 MAITLAND, FL 32751
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**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000108993
04/12/04-80025-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISOLA, ROBERT E., SR. 557 WYMORE RD NORTH STE 101 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEISEN, ROBERT W., JR. 1003 ORIENTA AVENUE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/8/04** Daytime Phone # _____