

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644584

Entity Name: ISF, INC.**Current Principal Place of Business:**4601 TOUCHTON ROAD EAST
SUITE 3250
JACKSONVILLE, FL 32246-4485**Current Mailing Address:**4601 TOUCHTON ROAD EAST
SUITE 3250
JACKSONVILLE, FL 32246-4485 US**FEI Number:** 59-1961607**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOLANO, J. T
4601 TOUCHTON ROAD EAST
SUITE 3250
JACKSONVILLE, FL 32246-4485 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, CEO
Name	SOLANO, J. T
Address	4601 TOUCHTON ROAD EAST SUITE 3250
City-State-Zip:	JACKSONVILLE FL 32246-4485

Title	SECRETARY, CONTROLLER
Name	SHUMAN, MARICRIS
Address	4601 TOUCHTON ROAD EAST SUITE 3250
City-State-Zip:	JACKSONVILLE FL 32246-4485

Title	PRESIDENT
Name	CONRAD, JONATHAN
Address	4601 TOUCHTON RD E STE 3250
City-State-Zip:	JACKSONVILLE FL 32246

Title	CHIEF PROJECTS OFFICER
Name	WILEY, KIMBERLY
Address	4601 TOUCHTON ROAD EAST SUITE 3250
City-State-Zip:	JACKSONVILLE FL 32246-4485

Title	SENIOR DIRECTOR OF CLIENTS & SOLUTIONS
Name	BURK, MARK
Address	4601 TOUCHTON ROAD EAST SUITE 3250
City-State-Zip:	JACKSONVILLE FL 32246-4485

I hereby 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 all other like empowered.

SIGNATURE: MARICRIS SHUMAN**CONTROLLER****01/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date