

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90101 001 ***150.00

DOCUMENT # 596995	
1. Entity Name ICC CAPITAL, INC.	

Principal Place of Business 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801 US	Mailing Address 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801 US
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54060664



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

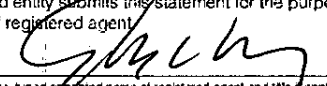
07012004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1873605	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCMURRY, GRANT I 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name ADDRESS CHANGE AS OF 8/10/04 Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., SUITE # 2700 City ORLANDO, FL FL Zip Code 32801
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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.

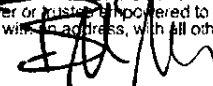
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCMURRY, BART 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 2700 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCMURRY, GRANT I. 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 2700 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TINDAL, MICHAEL 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 2700 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RICHEY, JAMES A 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 2700 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RUNDELL, RICHARD G 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 2700 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CUTE, JENNIFER 390 N. ORANGE AVE., # 2700 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	

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:  **BART MCMURRY** **7/6/04** **407-926-7778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #