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.

54060664

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

07012004 Chg-P CR2E034 (10/03)

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

4. FEI Number 59-1873605 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCMURRY, GRANT I 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801	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**

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.

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	☒ Change ☐ Addition SUITE 2700
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	☒ Change ☐ Addition SUITE 2700
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M TINDAL, MICHEAL 390 N. ORANGE AVE, STE 2600 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SUITE 2700
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	☒ Change ☐ Addition SUITE 2700
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	☒ Change ☐ Addition SUITE 2700
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)(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: _____ **BART MCMURRY** 7/6/04 **407-926-7778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #