

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90008 045 ***550.00

DOCUMENT # H10733
 1. Entity Name
 ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, INC.



Principal Place of Business: 2033 MAIN ST. STE 600 SARASOTA, FL 34237
 Mailing Address: 2033 MAIN ST. STE 600 SARASOTA, FL 34237

44048890

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

Barcode
 07012004 Chg-P CR2E034 (10/03)
 4. FEI Number: 59-2552799 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOPKINS, F THOMAS III
 2033 MAIN ST
 SUITE 600
 SARASOTA, FL 34237

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: HOPKINS, F. THOMAS STREET ADDRESS: 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP: SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE: VD NAME: BARTLETT, CHARLES J STREET ADDRESS: 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP: SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE: PD NAME: LYONS, ROBERT G STREET ADDRESS: 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP: SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE: VD NAME: MYERS, TROY H JR STREET ADDRESS: 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP: SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE: VD NAME: FUREN, MICHAEL J STREET ADDRESS: 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP: SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE: SD NAME: MERRILL, WILLIAM M III STREET ADDRESS: 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP: SARASOTA, FL 34237	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TVD NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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: F.T. HOPKINS VP Date: 7-7-04 Daytime Phone #: 941-366-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR