


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2552799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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
After May 1, 2008 Fee will be \$550.00


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

000000778519
 01/10/08-80051-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPKINS, F. THOMAS 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD BARTLETT, CHARLES J 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYONS, ROBERT G 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYERS, TROY H JR 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUREN, MICHAEL J 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERRILL, WILLIAM M III 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/8/08** **941-953-8109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

F. Thomas Hopkins, VD