


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91239 001 ***150.00

DOCUMENT # P0000096888			
1. Entity Name FLORIDA ICF SYSTEMS, INC.			
Principal Place of Business 763 ALT A1A 2ND FLOOR JUPITER, FL 33477		Mailing Address P.O. BOX 2579 JUPITER, FL 33468-2579	
2. Principal Place of Business 763 N. ALT. A1A 2nd. FLOOR		3. Mailing Address P.O. Box 2579	
City & State JUPITER, Florida		City & State JUPITER, Florida	
4. FEI Number 65-1047049		Applied For <input type="checkbox"/> No: Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04292004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CULVERHOUSE-CIAGLO, KATHERINE M 450 S OLD DIXIE HWY SUITE 10 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name: Culverhouse - Ciaglo KATHERINE M. Street Address (P.O. Box Number is Not Acceptable): 763 N. ALT. A1A, 2nd. Floor City: JUPITER FL Zip Code: 33477	
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: <u>Katherine M. Culverhouse - Ciaglo</u> 4-30-04 <small>Signatures typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent's signature required when submitting) (DATE)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CIAGLO, DENNIS M 450 S OLD DIXIE HWY STE # 10 JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CIAGLO, DENNIS M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 763 N. ALT. A1A, 2nd. Floor JUPITER, FL. 33477
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD CULVERHOUSE-CIAGLO, KATHERINE M 450 S OLD DIXIE HWY STE # 10 JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CULVERHOUSE-CIAGLO KATHERINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 763 N. ALT. A1A, 2nd. Floor Jupiter, Fl. 33477
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 897, 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: <u>Katherine M. Culverhouse - Ciaglo</u>		4-30-04 748-0843 (561)	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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