

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096888

Entity Name: FLORIDA ICF SYSTEMS, INC.

FILED  
Mar 02, 2010  
Secretary of State

**Current Principal Place of Business:**

11920 SW PARSON BROWN COURT  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1936  
PALM CITY, FL 34991 US

**New Mailing Address:**

11920 SW PARSON BROWN COURT  
PALM CITY, FL 34990 US

FEI Number: 65-1047049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GALLESE, WILLIAM F P.A.  
2104 SE RAYS WAY  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CIAGLO, DENNIS M  
Address: 11920 SW PARSON BROWN COURT  
City-St-Zip: PALM CITY, FL 34990 US

Title: STD  
Name: CULVERHOUSE, KATHERINE M  
Address: 11920 SW PARSON BROWN COURT  
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS M CIAGLO

PD

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date