

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000102242					
1. Entity Name INNOVATIVE CONSTRUCTION SERVICES OF FLORIDA, INC.					
Principal Place of Business 6439 17TH TERRACE N ST PETERSBURG, FL 33710			Mailing Address 6439 17TH TERRACE N ST PETERSBURG, FL 33710		
2. Principal Place of Business 6822 22nd Avenue North Suite, Apt. #, etc. #338		3. Mailing Address 6822 22nd Avenue North Suite, Apt. #, etc. #338		09202004 Chg-P CR2E034 (10/03)	
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 42-1603497	
Zip 33710		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYES, GEORGE L III 5959 CENTRAL AVE SUITE 104 ST PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3000 41st Avenue North 10/04/04--01018--010 **\$61.25 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing ☐ \$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	D PETSCH, RONALD E 6439 17TH TERRACE N ST PETERSBURG, FL 33710	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETSCH, CAROL 6439 17TH TERRACE N ST PETERSBURG, FL 33710	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO and Director Stephen J. Ostermann 6822 22nd Avenue North, #338 St. Petersburg, FL 33710 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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:		Ronald E. Petsch, as President		09-20-04 727-224-6635	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED
04 OCT -1 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

