
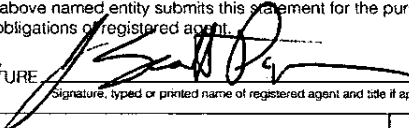
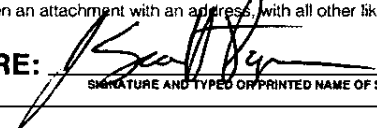


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 328014 1. Entity Name ICARE INDUSTRIES, INC.						FILED 04 NOV 12 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG, FL 33714				Mailing Address 4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG, FL 33714			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent STANKIEWICZ, CY 4399 35TH STREET NORTH SAINT PETERSBURG, FL 33714				7. Name and Address of New Registered Agent Name Payne, J. Scott Street Address (P.O. Box Number is Not Acceptable) 4399 35th Street North City Saint petersburg FL Zip Code 33714			
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 				J. Scott Payne October 28, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				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	V STEVENS, ROBERT E 9180 60 ST N PINELLAS PARK, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042698447 11/12/04--01061--013 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CD PAYNE, J. SCOTT 14 BELLEVUE DR TREASURE ISLAND, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD Payne J. Scott 4399 35th Street North St. Petersburg, Fl 33714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VT STANKIEWICZ, CY 3804 - 46TH AVE., S. ST PETE, FL 00000,			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 PD PAYNE, JEFFREY T 4399 35TH ST N SAINT PETERSBURG, FL 33714			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		
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 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: 				J. Scott Payne October 28, 2004 727-812-3004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			