## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 328014** 

PAYNE, JEFFREY T

SAINT PETERSBURG, FL 33714

4399 35TH ST N

Name:

Address:

City-St-Zip:

Entity Name: ICARE INDUSTRIES, INC.

FILED Jan 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG, FL 33714 **New Mailing Address: Current Mailing Address:** 4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG, FL 33714 FEI Number: 59-1208811 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAYNE, J. SCOTT 4399 35TH STREET NORTH US SAINT PETERSBURG, FL 33714 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition STEVENS, ROBERT E, Name: Name: 9180 60 ST N Address: Address: City-St-Zip: PINELLAS PARK, FL City-St-Zip: Title: CD Title: () Delete () Change () Addition PAYNE, J. SCOTT, Name: Name: 4399 35TH STREET, NORTH Address: Address: ST PETERSBURG, FL 33714 City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: J SCOTT PAYNE C 01/05/2005