


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 454526 1. Entity Name INTERNATIONAL CONSULTANTS AND DEVELOPMENT, INC.	
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Principal Place of Business 3314 MULLEN AVENUE TAMPA, FL 33609	Mailing Address 3314 MULLEN AVENUE TAMPA, FL 33609
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1888534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANNIS, MICHAEL D.
3314 MULLEN AVENUE
TAMPA, FL 33601

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWELL, PAUL D. 12 LAWRENCE BLVD KEYSTONE HEIGHT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANNIS, MICHAEL D. 3314 MULLEN AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNIS, MICHAEL D. 3314 MULLEN AVENUE TAMPA, FL
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01/22/04-B0027-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael D. Annis Jan 19, 2004 813-225-4182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #