## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 05, 2007 8:00 am Secretary of State 03-05-2007 90047 006 \*\*\*150.00

DOCUMENT # 596995  1. Entity Name ICC CAPITAL, INC.								03-05-	2007 900	, 47 006 ***1	50.00	
Principal Place of Business Mailing Address							-					
390 N. ORAN ORLANDO, FI		E 2600 US	390 N. Orange ave, STE 2600 Orlando, Fl. 32801 US				2					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01192007	Chg-P	CR	2E034 (12/06)		
City & State			City & State				4. FEI Numb 59-187			<u> </u>	oplied For of Applicable	
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired   \$8.75 Additional Fee Required						
	6. Name	and Address of Current F	egistered Agent Name				7. Name and Address of New Registered Agent					
MCMURRY, GRANT I 390 N. ORANGE AVE, STE 2700					Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO, FL 32801												
						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							when reinstating)		DA	·ΓΕ		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.						<b>\$5</b> . Add	<b>00</b> May Be ed to Fees					
10.		OFFICERS AND I	DIRECTORS			ADDITIONS	CHANGES TO	OFFICERS A	AND DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS	M MCMURR 390 N OR	RY, BART ANGE AVE STE #2700	Delete TITLE NAM STRE				derknech N. Oran			☐ Change	X Addition	
CITY-ST-ZIP		O, FL 32801			- ST - ZIP	Orlando, FL 32801						
TIFLE NAME STREET ADDRESS		RY, GRANT 1. LANGE AVE STE #2700	□ Delete	NAM STRE						Change	Addition	
CITY-ST-ZIP		O, FL 32801			-ST-ZIP	M						
TITLE NAME STREET ADDRESS	M TINDAL, I 390 N OR	MICHEAL ANGE AVE STE #2700	☐ Delete IITI   NAI			Tind	lal, Mic		G //	<b>X</b> Change	☐ Addition	
CITY-ST-ZIP					-ST-ZIP	0r1a	N. Oran	ge Ave, 32801	Suite	2700		
TITLE NAME STREET ADDRESS	M RICHEY, 390 N OR	JAMES A RANGE AVE STE 2700			e et address			32001		☐ Change	☐ Addition	
CITY-ST-ZIP		O, FL 32801			- ST- ZIP	ļ						
NAME STREET ADDRESS CITY-ST-ZIP	390 N OR	L, RICHARD G NANGE AVE STE #2700 O, FL 32801	Delete							∏ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CUTE, JENNIFER 390 N ORANGE AVE #2700 ORLANDO, FL 32801		Delete TITLE NAM STRE							☐ Change	☐ Addition	
12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119. 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 thistee 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 a address, with all other like empowered.												