

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002338

FILED
Jul 19, 2004
Secretary of State

Entity Name: ICON SERVICES CORPORATION

Current Principal Place of Business:

1043 GRAND AVE, #312
ST. PAUL, MN 55105

New Principal Place of Business:

Current Mailing Address:

1043 GRAND AVE, #312
ST. PAUL, MN 55105

New Mailing Address:

FEI Number: 41-1920326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, DANIELLE
7503 ATLANTIS WAY
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SHAW, ELIJAH
Address: 1043 GRAND AVE, #312
City-St-Zip: ST. PAUL, MN 55105

Title: V () Delete
Name: SEVERSON, CHARLES
Address: 1043 GRAND AVE, #312
City-St-Zip: ST. PAUL, MN 55105

Title: ST (X) Delete
Name: HALL, ANNIE
Address: 1297 HIGHLAND PARKWAY
City-St-Zip: ST. PAUL, MN 55105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: SHAW, ELIJAH CEO
Address: 1043 GRAND AVE, #312
City-St-Zip: ST. PAUL, MN 55105

Title: ST (X) Change () Addition
Name: HALL, ANNIE
Address: 1297 HIGHLAND PARKWAY
City-St-Zip: ST. PAUL, MN 55105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ELIJAH SHAW

CP

07/19/2004

Electronic Signature of Signing Officer or Director

Date