


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90033 041 \*\*\*158.75

<b>DOCUMENT # F92513</b> 1. Entity Name <b>I-C CONTRACTORS, INC.</b>					
Principal Place of Business <b>228 E 34TH ST PANAMA CITY, FL 32405-4201 US</b>				Mailing Address <b>228 E 34TH ST PANAMA CITY, FL 32405-4201 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01192006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>59-2204811</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HATHAWAY, ALBERT E PRES. 228 E 34TH STREET PANAMA CITY, FL 32405-4201</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HATHAWAY, ALBERT E</b>		NAME		
STREET ADDRESS	<b>13173 SOUTHWEST COUNTY RD. 1</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLARKSVILLE, FL 32430</b>		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HATHAWAY, ARCHIE V</b>		NAME		
STREET ADDRESS	<b>2819 MALONE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY, FL 32405</b>		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<b>NAME CHANGE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HATHAWAY, GLORIA C</b>		NAME	<b>SECR/TREASURER</b>	
STREET ADDRESS	<b>3422 HILLCREST DR</b>		STREET ADDRESS	<b>CHAPMAN, GLORIA HATHAWAY</b>	
CITY-ST-ZIP	<b>PANAMA CITY, FL 32405</b>		CITY-ST-ZIP	<b>3422 HILLCREST DR. PANAMA CITY, FL 32405</b>	
TITLE	BP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HATHAWAY, BENJAMIN D</b>		NAME		
STREET ADDRESS	<b>6731 HWY 231</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY, FL 32404</b>		CITY-ST-ZIP		
TITLE	BP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLMES, TOMMY W</b>		NAME		
STREET ADDRESS	<b>128 ALLEN AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this 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 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.					
<b>SIGNATURE:</b> <u>Albert E. Hathaway</u> <b>Albert E. Hathaway</b>			<b>1-23-06</b> <b>850-769-1550</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date                      Daytime Phone #		