


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90164 016 \*\*\*150.00

DOCUMENT # F98000006321					
1. Entity Name ICC-SOUTH CAPITAL FUNDING, INC.					
Principal Place of Business <b>52700 US HWY 19 N.</b> PALM HARBOR, FL 34684 US			Mailing Address <b>32700 US HWY 19 N.</b> PALM HARBOR, FL 34684 US		
2. Principal Place of Business <b>32801 US Hwy 19 N.</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State		3. Mailing Address <b>32801 US Hwy 19 N.</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State		02222006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number <b>59-3540277</b> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WHITE, LANGFRED W</b> <del><b>52700 US HWY 19 N.</b></del> <b>PALM HARBOR, FL 34684</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>32801 US Hwy 19 N., Suite 100</b> City <b>FL</b> 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 <i>By: Langfred W. White</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	VPD PLANES, WILLIAM II <del><b>4776 COLLINS AVE 1606</b></del> <del><b>MIAMI BEACH, FL 33140</b></del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32801 U.S. Highway 19 North</b> <b>Suite 100</b> <b>Palm Harbor, FL 34684</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED PLANES, WILLIAM SR <del><b>854 CYPRESS LAKE VIEW COURT</b></del> <del><b>TARPON SPRINGS, FL 34089</b></del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32801 U.S. Highway 19 North</b> <b>Suite 100</b> <b>Palm Harbor, FL 34684</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSSV WHITE, LANGFRED W <del><b>2094 AGHBURY DR</b></del> <del><b>CLEARWATER, FL 33764</b></del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32801 U.S. Highway 19 North</b> <b>Suite 100</b> <b>Palm Harbor, FL 34684</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTC NOLL, DEBORAH <b>4168 AMBER LANE</b> <b>PALM HARBOR, FL 34685</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Sheawn K. Brown</b> <b>32801 US Hwy 19 N., Suite 100</b> <b>Palm Harbor, FL 34684</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <i>By: Langfred W. White</i> <b>727-781-9885</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Langfred W. White as its Sr. Vice President</b>					