

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # H10733

1. Entity Name
ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG,
INC.



Principal Place of Business

2033 MAIN ST.
STE 600
SARASOTA, FL 34237

Mailing Address

2033 MAIN ST.
STE 600
SARASOTA, FL 34237



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2552799

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOPKINS, F THOMAS III
2033 MAIN ST
SUITE 600
SARASOTA, FL 34237

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000778519
01/10/08-80051-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HOPKINS, F. THOMAS
STREET ADDRESS	2033 MAIN STREET, SUITE 600
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	TVD
NAME	BARTLETT, CHARLES J
STREET ADDRESS	2033 MAIN STREET, SUITE 600
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	PD
NAME	LYONS, ROBERT G
STREET ADDRESS	2033 MAIN STREET, SUITE 600
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	VD
NAME	MYERS, TROY H JR
STREET ADDRESS	2033 MAIN STREET, SUITE 600
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	VD
NAME	FUREN, MICHAEL J
STREET ADDRESS	2033 MAIN STREET, SUITE 600
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	SD
NAME	MERRILL, WILLIAM M III
STREET ADDRESS	2033 MAIN STREET, SUITE 600
CITY-ST-ZIP	SARASOTA, FL 34237

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

941-953-8109

Daytime Phone #

F. Thomas Hopkins, VD