

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # J30710

1. Entity Name
INTERNATIONAL SOCCER CONCEPTS, INC.



Principal Place of Business
% RICHARD H. STOTTLER, JR.
8680 N ATLANTIC AVENUE, PO BOX 1630
CAPE CANAVERAL, FL 32920-8630

Mailing Address
% RICHARD H. STOTTLER, JR.
8680 N ATLANTIC AVENUE, PO BOX 1630
CAPE CANAVERAL, FL 32920-8630



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2713791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOTTLER, RICHARD H., JR.
8680 N ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

**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 reissuing)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STOTTLER, RICHARD H., JR.
8680 N ATLANTIC AVE
CAPE CANAVERAL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DEEVERS, JUDITH C.
8680 N ATLANTIC AVE
CAPE CANAVERAL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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09/01/04-80006-004 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

Richard H. Stottler Jr. President 7/1/04 321-783-1320