2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN -9 AM 10:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT# P00000034763

1. EntityName
ICONREALTY,INC.

PrincipalPlaceofBusiness	MailingAddress
4040 WOODCOCK DRIVE SUITE 152B JACKSONVILLE, FL 32207	4040 WOODCOCK DRIVE SUITE 152B JACKSONVILLE, FL 32207

04152004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-3638697
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

RHODES;DANIELLJR
4040WOODCOCKDRIVE
SUITE152B
JACKSONVILLE,FL32207

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ 4/15/04
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhereinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	P
NAME	RHODES,DANIELLJR
STREETADDRESS	12561LOCHLOOSALANE
CITY-ST-ZIP	JACKSONVILLE,FL32218
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

200038019802
06/16/04--01053--002 **200.00

DO NOT WRITE IN THIS SPACE

ck $150.00

12. Ihereby 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: _____ 4/15/04 904-399-8810
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#