## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000036627

**Entity Name: ICART CORPORATION** 

Address:

City-St-Zip:

BONITA SPRINGS, FL 34134

FILED Apr 26, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 27200 RIVERVIEW CENTER BOULEVARD BONITA SPRINGS, FL 34134 **New Mailing Address: Current Mailing Address:** 27200 RIVERVIEW CENTER BOULEVARD BONITA SPRINGS, FL 34134 FEI Number: 59-3638073 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VINCENT, NORMA B HENNING, NORMA B 27200 RIVERVIEW CENTER BOULEVARD 27200 RIVERVIEW CENTER BOULEVARD BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 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. SIGNATURE: NORMA HENNING 04/26/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: () Change () Addition HEISE, CHRISTIAN Name: Name: 3003 TAMIAMI TRAIL N., #300 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: ( ) Delete Title: VD Title: () Change () Addition Name: HEISE, ISGARD Name: 3003 TAMIAMI TRAIL N., #300 Address: Address: NAPLES, FL 34103 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: () Delete VINCENT, NORMA B Name: HENNING, NORMA B Name: 27200 RIVERVIEW CENTER BOULEVARD 27200 RIVERVIEW CENTER BOULEVARD

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

BONITA SPRINGS, FL 34134

Ρ SIGNATURE: CHRISTIAN HEISE 04/26/2005