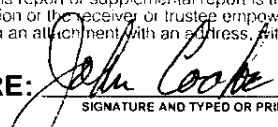


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 049 ***150.00

DOCUMENT # P00000099867					
1. Entity Name ICON ASSET SERVICES, INC.					
Principal Place of Business 4117 HILLSBORO PIKE STE 103-115 NASHVILLE, FL 37215			Mailing Address 4117 HILLSBORO PIKE STE 103-115 NASHVILLE, FL 37215		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3684051	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARRIS, HARRY C 3710 N COURTENAY PKWY SUITE 112 MERRITT ISLAND, FL 32953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOKE, JOHN B 95 FLORIDA BLVD MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOKE, JOHN B 4400 CHARLESTON PLACE CR Nashville, TN 37215	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, DELIA M 95 FLORIDA BLVD MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, DELIA M 4400 CHARLESTON PLACE CR Nashville, TN 37215	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 			John B. COOKE, PRES		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-12-08 615-207-3888		

40004426



01112008 Chg-P CR2E034 (12/06)