

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90034 022 ***150.00

DOCUMENT # P01000056295

1. Entity Name

INTERNATIONAL CONSTRUCTION CORPORATION



Principal Place of Business *see below*

**3260 BURMUDA ISLE CIR
718
NAPLES FL 34109**

Mailing Address **IS CORRECT**

**PO BOX 1868
MARCO ISLAND FL 34146**

94025543



MOORE CR2E034 (11/03)

2. Principal Place of Business

1490 13th ST SW

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1868

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

MARCO ISLAND

Zip

34117

Country

COLLIER.

Zip

FL 34146

Country

COLLIER.

4. FEI Number

59-3725914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~**CARDUCCI, DANIEL
3260 BURMUDA ISLE CIR
718
NAPLES FL 34109**~~

7. Name and Address of New Registered Agent

Name **PAUL M TROTT**

Street Address (P.O. Box Number is Not Acceptable)

1490 13th ST SW

City **NAPLES**

FL

Zip Code

34117

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

PAUL M TROTT PRESIDENT

2-28-04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TROTT, PAUL M**
STREET ADDRESS **1490 13TH STREET SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **V** ☒ Delete
NAME **CARDUCCI, DANIEL C** *No Longer with company.*
STREET ADDRESS **3260 BURMUDA ISLE CIR #718**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

PAUL M TROTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-04

Date

239 253-8758

Daytime Phone #