2007 FOR DROET CORPORATION

FILED M

ANNUAL REPORT					Feb 01, 2007 08:00 A			
DOCU 1. Entity Nam	MENT # P010000562			Sec	retary o	f State		
INTERNATIONAL CONSTRUCTION CORPORATION								
Principal Plac	e of Business	Mailing Address						
1490 13TH Naples, FL		PO BOX 1868 Marco Island, FL 34146						
_			01302007	No Chg-P	CR2E034 (11	(05)		
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		F	Applied For	
				59-372 5. Certificate	of Status Desired		Not Applicable Additional	
	6. Name and Address of Current Re	pistered Agent	1	}	÷	Fee Re	quired	
TROTT, PA				DΩ	NOT W	/DITE		
1490 13TH ST. SW NAPLES, FL 34117								
				IIN	THIS SF	PACE		
8. The above	named entity submits this statement for the	e purpose of changing its register	red office or registe	red agent, or bo	oth, in the State of F	lorida. 1 am familiar	with, and accept	
•	ionis or ragistared agent.							
SIGNATURE_	Signature, typed or grinted name of registered agent and t	ille if applicable. (NOTE, Registers	ed Agent signature require	d when reinstating)		DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				.00 May Be led to Fees	000000 02/07/07-	0616553 -80031-023	158.75	
10.	OFFICERS AND DIF	RECTORS	1		(<u>-</u>		
title Name	P TROTT, PAUL M		Į.					
STREET ADDRESS	1490 13TH STREET SW							
CITY-ST-ZIP	NAPLES, FL 34117	1						
TITLE								
NAME STREET ADDRESS			ł					
CITY-ST-ZIP					_			
TITLE			1					
NAME STREET LABORAGE			l					
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE		
TITLE			1	INI '	THIS SI	DACE		
NAME				114	11113 31	ACE		
STREET ADDRESS CITY-ST-ZIP								
TITLE			-{					
NAME			1					
STREET ADDRESS			1					
CITY-ST-ZIP			1 .					
TITLE			ł					

12. I hereby certify that the information supplied with this filling 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 eath; 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PROATED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

200 70 Daytime Phone #