2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 08:00 AM DOCUMENT # P01000056993 **Secretary of State** 1. Entity Name ICF SERVICES, INC. Principal Place of Business Mailing Address 1121 NE 16 AVE FORT LAUDERDALE FL 33304 1121 NE 16 AVE FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-1133186 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYAL, J. PATRICK Street Address (P.O. Box Number is Not Acceptable) 1401 EAST BROWARD BLVD., STE. 300 FT. LAUDERDALE FL 33301 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 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PΓ Delete THE ☐ Change ☐ Addition U00000217230 02/07/05-80017-003 150.00 METZGER, FRANK L JR. NAME NAME STREET ADDRESS 1121 N.E. 16TH AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CHY-ST-ZIP TITLE ☐ Delete Trice ☐ Change ☐ Addition METZGER, MARY K NAME STREET ADDRESS 1121 N.E. 16TH AVE. STREET ADDRESS CITY-SI-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MAME METZGER, FRANK L III NAME STREET ADDRESS 1121 N.E. 16TH AVE. STREET ADDRESS CITY-ST-ZIP CHY-ST-ZiP FT. LAUDERDALE FL 33304 THLE Delete 11111 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-SI-ZIP TITLE Delete me Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Jank L. Metagy & SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 763-4981

FILED