

Apr 14, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P01000078617**1. Entity Name
INDUSTRIAL COMPLEX EXECUTIVE, INC.

Principal Place of Business

**12552 BELCHER RD S
LARGO, FL 33773**

Mailing Address

**12552 BELCHER RD S
LARGO, FL 33773**

03302008 No Chg-F CR2E034 (11/05)

4. FEI Number
58-3738853Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOWNE, DOUGLAS G
12552 BELCHER RD S
LARGO, FL 33773**

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 retiring)

DATE

**FILE NOW!!! FEE IS \$180.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**UNCORRECTED 10268
04/28/06-80076-017 150.00**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TOWNE, DOUGLAS G
STREET ADDRESS	9051 - 12TH WAY NORTH, APT. 201
CITY-ST-ZIP	ST. PETERSBURG, FL 33718
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 incorporator or trustee, as provided in the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/06 727-531-1000