

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90003 024 ***158.75

DOCUMENT # P01000094111



1. Entity Name
INTERNATIONAL COMMERCIAL FINANCE, INC.

Principal Place of Business
550 N. REO STREET
SUITE 300
TAMPA, FL 33609

Mailing Address
2572 NORTH FIELD LANE
CLEARWATER, FL 33761

34000161



2. Principal Place of Business
3630 W. KENNEDY RD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05312004 Chg-P CR2E034 (10/03)

City & State
TAMPA, FL
Zip
33609
Country
USA

City & State
Zip
Country

4. FEI Number
59-3745186
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWLAND, WILLIAM D
2572 NORTH FIELD LANE
CLEARWATER, FL 33761

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 *William D. Rowland* WILLIAM D. ROWLAND MAY 31, 2004
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLAND, WILLIAM D	
STREET ADDRESS	2572 NORTH FIELD LANE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *William D. Rowland* WILLIAM D. ROWLAND May 31, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #