2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000095122

1. Entity Name
INTERNATIONAL COMMERCE CENTER, INC.

54056726

Principal Place of Business	Mailing Address
550 N. REO STREET SUITE 300 TAMPA, FL 33609	2572 NORTH FIELD LANE CLEARWATER, FL 33761

2. Principal Place of Business	3. Mailing Address
3630 W. KENNEDY BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33609 Country: USA	Zip Country

05312004   Chg-P   CR2E034 (10/03)

4. FEI Number
76-0704819
☐ 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 Rowland, WILLIAM D. ROWLAND_ _MAY 31, 2004_
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
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

			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: ROWLAND, WILLIAM D STREET ADDRESS: 2572 NORTH FIELD LANE CITY-ST-ZIP: CLEARWATER, FL 33761		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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 Rowland, WILLIAM D. ROWLAND_ _May 31, 2004_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #