

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000004122

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** INTEGRATED CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

1505 WHITSTABLE CT.  
HEATHROW, FL 32746 US

**New Principal Place of Business:**

2501 ALAQUA DR  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

1505 WHITSTABLE CT.  
HEATHROW, FL 32746 US

**New Mailing Address:**

2501 ALAQUA DR  
LONGWOOD, FL 32779 US

**FEI Number:** 01-0575092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORTER, JULIE B  
1505 WHITSTABLE CT.  
HEATHROW, FL 32746 US

**Name and Address of New Registered Agent:**

PORTER, LEMAN M  
2501 ALAQUA DR  
LONGWOOD, FL 32779 US

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.

**SIGNATURE:** LEMAN M. PORTER

03/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PORTER, LEMAN M  
**Address:** 2501 ALAQUA DR  
**City-St-Zip:** LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LEMAN M. PORTER

P

03/18/2010

Electronic Signature of Signing Officer or Director

Date