

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000017092					
1. Entity Name ICI CUSTOM PARTS INC.					
Principal Place of Business 5602 W. CRENSHAW ST. TAMPA, FL 33634			Mailing Address 5602 W. CRENSHAW ST. TAMPA, FL 33634		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 75-3002074				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCKEE, RUSSELL O 8827 WELLINGTON DR. TAMPA, FL 33635			7. Name and Address of New Registered Agent  Name: MCKEE, RUSSELL O. Street Address (P.O. Box Number is Not Acceptable): 5602 W. CRENSHAW ST City: TAMPA FL Zip Code: 33634		
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: 		Russell O McKee		April 14, 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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, RUSSELL O		NAME	MCKEE, RUSSELL O	
STREET ADDRESS	8827 WELLINGTON DR.		STREET ADDRESS	3008 AISHIRE LANE	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	LAND-O-LAKES, FL 34639	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, JOANNE K		NAME	MCKEE, JOANNE K	
STREET ADDRESS	8827 WELLINGTON DR.		STREET ADDRESS	3008 AISHIRE LANE	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	LAND-O-LAKES, FL 34639	
TITLE		<input type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lyman, Tammy J	
STREET ADDRESS			STREET ADDRESS	4409 W. SOUTH AVE	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Russell O McKee		04/14/04 800-418-0116	
Signature and typed or printed name of signing officer or director		PRESIDENT		Date Daytime Phone #	

FILED  
04 APR 15 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04142004 Chg-P CR2E034 (10/03)