


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90050 039 ***150.00

DOCUMENT # P02000021850 1. Entity Name INTELLIGENT CONTROL TECHNOLOGIES, INC.					
Principal Place of Business 335 HAVENDALE BLVD AUBURNDALE, FL 33823			Mailing Address 335 HAVENDALE BLVD AUBURNDALE, FL 33823		
2. Principal Place of Business 119 Belmont Dr. Suite, Apt. #, etc.		3. Mailing Address 119 Belmont Dr. Suite, Apt. #, etc.			
City & State Winter Haven, FL Zip 33884 Country USA		City & State Winter Haven, FL Zip 33884 Country USA		4. FEI Number 01-0601558	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BACHR, GEORGE 335 HAVENDALE BLVD AUBURNDALE, FL 33823			7. Name and Address of New Registered Agent Name Thomas Rawles Street Address (P.O. Box Number is Not Acceptable) 119 Belmont Dr. City Winter Haven FL Zip Code 33884		
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 Thomas Rawles Thomas Rawles, VTSD 4-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ATCHISON, EDWARD 2910 JERSEY RD PORT CHARLOTTE, FL 33981		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2910 Jersey Rd. Winter Haven, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VTSD RAWLES, THOMAS 2136 GREENLEAF BLVD WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 119 Belmont Dr. Winter Haven, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas Rawles <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-12-04 (863)324-2286 <small>Date Daytime Phone #</small>		