2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000133224

1. Entity Name
ICSL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2625 W 5 ST JACKSONVILLE, FL 32254	2625 W 5 ST JACKSONVILLE, FL 32254

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
32-0048370
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRAYLOR, W. HAMILTON
2625 W 5 ST
JACKSONVILLE, FL 32254

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000123484
04/22/04-80006-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SPENCE, CARLTON H
STREET ADDRESS	2625 W 5 ST
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	D
NAME	SPENCE, JEFFREY C
STREET ADDRESS	2625 W 5 ST
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	P
NAME	BROWN, TERRY
STREET ADDRESS	2625 W 5TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	VPT
NAME	GIER, MARK
STREET ADDRESS	2625 W 5TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	S
NAME	TRAYLOR, W. HAMILTON
STREET ADDRESS	2625 W 5TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carlton H Spence 4/20/04 (904) 486-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #