2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

DOCU 1. Entity Nam ICABOD,	ne	# P03000017	7931		. 04-	-19-2005 903	396 023 ***150	0.00
Principal Plac	e of Busines	s	Mailing Address	I				
102 S. 7TH S FERNANDINA		. 32034 US	1326 BLUE HERON LAN JACKSONVILLE BEACH, I				500388	78
2. Principal Place of Business			3. Mailing Address 1738 Leslie Const					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092005	hg-P (CR2E034 (10/03)		
City & State		City & State		4. FEI Number			oplied For	
Zip		Country	Fernandina Be	Country	30-0153820		\$9.75	ot Applicable
		·	32034	ÚSA	5. Certificate of Sta	·	Fee Require	
6. Name and Address of Current Registered Agent Name					7. Name and Addr	ss of New Regis	stered Agent	
CHI, SAMUEL 102 S. 7TH STREET FERNANDINA BEACH, FL 32034								
				Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
FERNAND	INA DEA	GH, FE 32034				· · · · · · · · · · · · · · · · · · ·		
				City F.	Mandina Beach		FL Zip Cod	le 2 2 2 //
8. The above	named entit	ty submits this statement for	or the purpose of changing its			e State of Florida	1	and accept
the obligat	tions of regist	tered agent.	11.	s '	•			
the obligat	i gerrijk	tered agent.	and title if applicable. (NOTE	m ad ty'r	en e	4	110/05	
the obligat	•	tered agent.	and title if applicable. (NOTE	Registered Agent signature re	en e	4		
the obligat	Signatura: typed	tered agent.	9. Election Campaig	Registered Agent signature re	en e	4		Ü
the obligat	Signatura: typed	FEE IS \$150.00	9. Election Campaig Trust Fund Contri	Registered Agent signature re	\$5.00 May Be Added to Fees			<u> </u>
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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.

NAME COLUMN STREET ADDRESS

CITY-ST-ZIP. e-1

SIGNATURE:

NAME

STREET ADORESS CITY-ST-ZIP Pictiscopy servictions property but to be

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T Delete : County

4/10/05

yeran dakir

(904) 277-4941

Daytime Phone #

Change

Addition