

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-23-2004 90045 027 ***150.00

DOCUMENT # P03000045668
1. Entity Name
ICP MORTGAGE, INC.



Principal Place of Business
~~3271 N STATE RD 7~~
MARGATE, FL 33063

Mailing Address
~~3271 N STATE RD 7~~
MARGATE, FL 33063

2. Principal Place of Business
2522 N. State Rd. 7
Suite, Apt. #, etc.

3. Mailing Address
2522 N. State Rd. 7
Suite, Apt. #, etc.

City & State
City & State

Zip
Country



02042004 Chg-P CR2E034 (10/03)

4. FEI Number
57-116 2201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PAPPALARDO, JOSEPH A
~~3271 N STATE RD 7~~
~~MARGATE, FL 33063~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5377 NW 57 WAY
City CORAL SPRINGS FL Zip Code 33067

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 _____ (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. ☐ \$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	D PAPPALARDO, JOSEPH A 5377 NW 57TH WAY CORAL SPRINGS, FL 33067 <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	D TABINO, JULIE 5775 NW 48TH DR CORAL SPRINGS, FL 33065 <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	D RUBBO, MICHELE 9090 NW 42ND CT CORAL SPRINGS, FL 33065 <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
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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: Joseph Pappalardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04 954-975-5044
Date Daytime Phone