

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000107701

1. Entity Name
IC3 BUSINESS ADVISORS, INC.



Principal Place of Business
9995 HOOD ROAD
JACKSONVILLE, FL 32257

Mailing Address
9995 HOOD ROAD
JACKSONVILLE, FL 32257



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0241949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARRERO, CARLOS A
9995 HOOD ROAD
JACKSONVILLE, FL 32257

DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARRERO, CARLOS A
STREET ADDRESS 9995 HOOD ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VD
NAME CARRERO, IRMA A
STREET ADDRESS 9995 HOOD ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D
NAME CARRERO, CRISTINA
STREET ADDRESS 9995 HOOD RD.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D
NAME CARRERO, CARLOS L
STREET ADDRESS 9995 HOOD RD.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000940009
05/28/08-80049-021 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08 (904) 424-0151