


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90005 036 \*\*\*150.00

<b>DOCUMENT # P03000115025</b> 1. Entity Name <b>ICW, INC.</b>					
Principal Place of Business <b>6512 PINES BLVD PEMBROKE PINES, FL 33024</b>			Mailing Address <b>6512 PINES BLVD PEMBROKE PINES, FL 33024</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SCOLLON, LAURA 6512 PINES BLVD PEMBROKE PINES, FL 33024</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>522406931</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP SCOLLON, LAURA 1010 N 69TH WAY HOLLYWOOD, FL 33024		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP SCOLLON, EDWARD S 1010 N 69TH WAY HOLLYWOOD, FL 33024		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		Change 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.					
<b>SIGNATURE:</b> <u>Laura Scollon</u> <span style="float: right;">7/2/04 954-962-6410</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

~~Attachment~~

54060915

#P03000115025

**ICW Inc.**  
**6512 Hollywood Blvd.**  
**Hollywood, Fl. 33024**  
**1-954-818-9798**

July 1, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom it May Concern:

I just received a card of notice of intent to dissolve my corporation. I had not received anything prior to this notice. I called the 850-245-6939 number, and was advised to send a letter and the regular fee of \$150.00. I am doing as advised, In the future if I do not receive my notice by February, I will call this number again.

Sincerely,  
Laura Scollon

*Laura Scollon*