

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90063 037 ***150.00

DOCUMENT # P03000115025					
1. Entity Name ICW, INC.					
Principal Place of Business 6512 PINES BLVD PEMBROKE PINES, FL 33024			Mailing Address 6512 PINES BLVD PEMBROKE PINES, FL 33024		
2. Principal Place of Business 1010 N 69th way		3. Mailing Address 1010 N 69th way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hollywood FL		City & State Hollywood FL		4. FEI Number 52-2406951	
Zip 33021		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCOLLON, LAURA 6512 PINES BLVD PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP SCOLLON, LAURA 1010 N 69TH WAY HOLLYWOOD, FL 33024		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOLLON, EDWARD S 1010 N 69TH WAY HOLLYWOOD, FL 33024		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOLLON, EDWARD S 1010 N 69TH WAY HOLLYWOOD, FL 33024		<input type="checkbox"/> Delete		
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: <i>Laura M. Scollon</i> LAURA M. SCOLLON <i>1/18/05</i> 954-961-1390					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					