


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000123056			
1. Entity Name ICON PROPERTIES FL, INC.			
Principal Place of Business 820 ELDORADO AVENUE CLEARWATER FL 34623		Mailing Address 820 ELDORADO AVENUE CLEARWATER FL 34623	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 JUL 20 PM 4:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

04/19/04 90252 046 1500



MOORE CR2E034 (11/03)

4. FEI Number 03-0530880		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCATEE, CAROL 5401 CENTRAL AVENUE ST. PETERSBURG FL 33710		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, DIANNE B	NAME	
STREET ADDRESS	820 ELDORADO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, JAMES D	NAME	
STREET ADDRESS	820 ELDORADO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANNE A. CHAMBERS

4/15/04

Date

727-8329

Daytime Phone #

631-8709

July 8, 2004

Division of Corporations
Attn: Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Icon Properties FL, Inc. Document #P03000123056

Please reinstate Icon Properties FL, Inc. The 2004 Annual report was mailed before the May 1, 2004 deadline and the check for \$150 was cashed. I would like the late fees to be waived.

A copy of the report is attached.



Dianne B. Chambers
President
Icon Properties FL, Inc.
820 Eldorado Avenue
Clearwater, FL 34623