

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED


04 JUL 20 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

04/19/04 90252 046 150<sup>00</sup>



MOORE CR2E034 (11/03)

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # P03000123056</b>  |         |   |         |
| 1. Entity Name<br>ICON PROPERTIES FL, INC.  |         |  |         |
| Principal Place of Business<br>820 ELDORADO AVENUE<br>CLEARWATER FL 34623   |         | Mailing Address<br>820 ELDORADO AVENUE<br>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 |
| 6. Name and Address of Current Registered Agent<br><br>MCATEE, CAROL<br>5401 CENTRAL AVENUE<br>ST. PETERSBURG FL 33710  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 _____   |         | DATE _____   |         |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small>  |         | <small>(NOTE: Registered Agent signature required when reinstating)</small>  |         |

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

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

**SIGNATURE:**  **DIANNE A. CHAMBERS** 4/15/04 727-~~8329~~ 631-0709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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