

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90022 027 ***150.00

DOCUMENT # P03000149561

1. Entity Name

INDUSTRIAL CONTROLS APPLICATIONS, INC.



Principal Place of Business

779 EAST MERRITT ISLAND CAUSEWAY
PMB 2353
MERRITT ISLAND FL 32952

Mailing Address

779 EAST MERRITT ISLAND CAUSEWAY
PMB 2353
MERRITT ISLAND FL 32952

2. Principal Place of Business

2161 E. COUNTY RD. 540A

Suite, Apt. #, etc.

SUITE 111

3. Mailing Address

2161 E. COUNTY RD. 540A

Suite, Apt. #, etc.

SUITE 111

City & State

LAKE LAND, FL

City & State

LAKE LAND, FL

Zip

33813

Country

USA

Zip

33813

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

20-0458311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

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

TITLE PTD
NAME WICKLINE, SAMUEL M ☐ Delete
STREET ADDRESS 779 EAST MERRITT ISLAND CAUSEWAY
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE SVD
NAME WICKLINE, DIANA L ☐ Delete
STREET ADDRESS 779 EAST MERRITT ISLAND CAUSEWAY
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME WICKLINE, SAMUEL M.
STREET ADDRESS 2161 E. COUNTY RD. 540A SUITE 111
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE SVD ☒ Change ☐ Addition
NAME WICKLINE, DIANA L
STREET ADDRESS 2161 E. COUNTY RD. 540A SUITE 111
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

DIANA L. WICKLINE DIANA L. WICKLINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

864-266-6893
Date Daytime Phone #