

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000112488

Entity Name
INTEGRATED COMPENSATION SOLUTIONS, INC



Principal Place of Business
**17130 SW 49 PLACE
MIRAMAR, FL 33027 US**

Mailing Address
**17130 SW 49 PLACE
MIRAMAR, FL 33027 US**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1439744 { Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLORA, LISA A
1540 SW 12TH STREET
EMBROKE PINES, FL 33025**

**DO NOT WRITE
IN THIS SPACE**

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 retesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000397867
01/30/06-80064-024 150.00**

OFFICERS AND DIRECTORS

P.D
GLASGALL, LORI B
17130 SW 49TH PLACE
MIRAMAR, FL 33027

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

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**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lori Glasgow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 954-392-0236
Date Daytime Phone #