

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90019 036 ***150.00

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1. Entity Name
INVESTMENT CONSULTING GROUP, INC.



Principal Place of Business
2020 W. FAIRBANKS AVENUE
SUITE 102
WINTER PARK, FL 32789

Mailing Address
POST OFFICE BOX 378
CLARCONA, FL 32710

40032215



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

75-3166789

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALACIOS, ADOLFO L
2020 W. FAIRBANKS AVENUE
SUITE 102
WINTER PARK, FL 32789

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, 2007 Fee will be \$550.00

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 ☐ Delete
NAME RAINEY, JACIE J
STREET ADDRESS 35 W PINE ST STE 229
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☒ Change ☐ Addition
NAME 8104 Sully Dr
STREET ADDRESS ORLANDO, FL 32818
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PALACIOS, ADOLFO L
STREET ADDRESS 35 W PINE ST STE 229
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☒ Change ☐ Addition
NAME 2020 W. FAIRBANKS AVE STE 102
STREET ADDRESS WINTER PARK, FL 32789
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 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 another entity empowered.

SIGNATURE:

Jaciel J. Rainey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2007

Date

407-647-2674

Daytime Phone #