## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**



## FILED Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90098 041 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE ORLANDO, FL 32835 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam ICON RE INVESTM	ALTY GF	ROUP SECONI NC.	D HOME	S &							
Sulto, Apt. #, etc.  Sulto, Apt. #, etc.  O1202005 Chg-P CR26034 (10/03)  Applied For Rand	6700 CONROY WINDERMERE ROAD SUITE 200				6700 CONROY WINDERMERE ROAD SUITE 200					ŗŧ	IIAIA DIGI TI	1186   11 <b>1</b> 88
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Dosind  Red Applied For Not Applied  S. Certificate of Status Dosind  Red Applied For Not Applied  S. Certificate of Status Dosind  Red Applied For Not Applied  S. Certificate of Status Dosind  Red Applied For Not Applied  S. The above named address of Current Registered Agent  CASANAS, LUIS  Street Address (P.O. Box Number is Not Acceptable)  Street Address of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent agent and title fagekate  FILE NOWILL FEE 13 \$150.00  9. Election Campaign Financing  Afford for Fees  Afford for Fees  Afford for Fees  Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOWILL FEE 13 \$150.00  9. Election Campaign Financing  Afford for Fees  Afford for Fees  Afford for Fees  Afford for Fees  Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOWILL FEE 13 \$150.00  9. Election Campaign Financing  Afford for Fees  Af	2. Principal Place of Business				3. Mailing Address							
Zep Country Zep Country 5. Certificate of Status Desired   \$8.75 Additional Peer Required Country   \$5. Certificate of Status Desired   \$8.75 Additional Peer Required Country   \$6. Name and Address of Current Registered Agent   \$7. Name and Address of New Registered Agent   \$8.75 Additional Peer Required Country   \$8.75 Ad	Suite, Apt. #, etc.				Suite, Apt. #, etc.			01202005	Chg-P	CR2E034	(10/03)	
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  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 access the obligations of registered agent.  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 access the obligations of registered agent.  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 access the obligations of registered agent.  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 access the obligations of registered agent.  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 access the obligations of registered agent.  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 access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, an	City & State				City & State			4. FEI Numb	20 - 176	8259	1	·
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country			Zip	Coun	try	5. Certificate	of Status Desired			
CASANAS, LUIS 6700 CONROY WINDERMERE ROAD SUITE 200 ORLANDO, FL 32835  City FL Zip Code  City FL Zip C	6. Name and Address of Current Registered Agent						Name	7. Name and	d Address of New F	Registered Ag	ent	
S. 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 access the obligations of registered agent.  SIGNATURE    Synature, typed or pretent name of inquision of agent and liter if explicitable.   OHDTE: Registered Agent signature required whon remataring)   DATE	6700 CONROY WINDERMERE ROAD SUITE 200											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent.    SIGNATURE	ONEANDO, 1 E 32000						City				Zip Cod	e
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$\$50.00  9. Election Campaign Financing Trust Fund Contribution.	the obligat	tions of regist	ered agent.						oth, in the State of Fl	orida. I am fai	l miliar with,	and accept
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE   PSTD		Signature, typed	or printed name of registered	d agent and litte i	t epplicable. (NOTE	: Registere	d Agent signature required	( when reinstating)	T	DATE		
TITLE NAME CASANAS, LUIS STREET ADDRESS GTOO CONROY WINDERMERE ROAD STE 200 ORLANDO, FL 32835  TITLE NAME STREET ADDRESS CITY-ST-ZIP  T												
NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-S	10.		OFFICERS	AND DIREC	CTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND D	RECTORS	S IN 11
NAME   STREET ADDRESS   CITY-ST-ZIP   CITY	NAME STREET ADDRESS	CASANAS 6700 CON	IROY WINDERME	ERE ROAD		NAM STRE	E ET ADDRESS			[	☐ Change	Addition
NAME	NAME STREET ADDRESS				☐ Delete	NAM Stre	E ET ADDRESS			)*	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME	NAME STREET ADDRESS	·	<b></b> - ·		Delete	NAM	ET ADDRESS				Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CHange Addition	NAME STREET ADDRESS				☐ Delete	NAM Stre	E Et address				Change	Addition
NAME NAME	NAME STREET ADDRESS				☐ Delete	NAM. STRE	E Et address			(	Change	☐ Addition
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	NAME STREET ADDRESS CITY-ST-ZIP	notific shots the	information	الا مانية		NAMI STRE CITY	ET ADORESS - ST-ZIP	440 07-2			- •	Addition

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.