


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 01, 2007 0  
Secretary of

|  |  |
|--|--|
| DOCUMENT # P05000065067<br>1. Entity Name<br>INTEGRATED CAPITAL MANAGEMENT, INC. |  |
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|  |  |
|--|--|
| Principal Place of Business<br>6161 MEMORIAL HWY<br>SUITE 1211<br>TAMPA, FL 33615 US | Mailing Address<br>6161 MEMORIAL HWY<br>SUITE 1211<br>TAMPA, FL 33615 US |
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U000000771026  
08/01/07-80001-022 150.00



DO NOT WRITE IN THIS SPACE

07022007 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>16-1723484 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|---|-----------------------------------|

6. Name and Address of Current Registered Agent

STOGNER, WILLIAM P  
6161 MEMORIAL HWY  
SUITE 1211  
TAMPA, FL 33615

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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 resigning) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STOGNER, WILLIAM P<br>6161 MEMORIAL HWY SUITE 1211<br>TAMPA, FL 33615 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE

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 all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/07 8B-829-6326  
Date Daytime Phone #