

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067973

FILED  
May 03, 2006  
Secretary of State

Entity Name: ICON MORTGAGE SERVICES INC.

## Current Principal Place of Business:

7955 CHERRY BLOSSOM DR SOUTH  
JACKSONVILLE, FL 32216 US

## New Principal Place of Business:

1404 BROOKMONT AVE. E.  
JACKSONVILLE, FL 32211 US

## Current Mailing Address:

7955 CHERRY BLOSSOM DR SOUTH  
JACKSONVILLE, FL 32216 US

## New Mailing Address:

1404 BOOKMONT AVE. E.  
JACKSONVILLE, FL 32211 US

FEI Number: 20-2853534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, PAULA S  
7955 CHERRY BLOSSOM DR SOUTH  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

WILLIAMS, PAULA S  
1404 BROOKMONT AVE. E.  
JACKSONVILLE, FL 32211 US

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.

SIGNATURE:

05/03/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: WILLIAMS, PAULA S  
Address: 7955 CHERRY BLOSSOM DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: DIR ( ) Delete  
Name: BROWN, COREY  
Address: 7955 CHERRY BLOSSOM DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: WILLIAMS, PAULA S  
Address: 1404 BROOKMONT AVE. E.  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: DIR (X) Change ( ) Addition  
Name: BROWN, COREY  
Address: 1404 BROOKMONT AVE. E.  
City-St-Zip: JACKSONVILLE, FL 32211 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA S. WILLIAMS

CEO

05/03/2006

Electronic Signature of Signing Officer or Director

Date