

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 8:00 am
Secretary of State

09-05-2007 90005 029 ***550.00

DOCUMENT # P06000065285

1. Entity Name
**INTERNATIONAL CONSTRUCTION ESTIMATING
SERVICES, INC**



Principal Place of Business
**6026 WEST LINEBAUGH AVENUE
TAMPA, FL 33625**

Mailing Address
**6026 WEST LINEBAUGH AVENUE
TAMPA, FL 33625**

40131310



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

3. Mailing Address
c/o Michael Rae, RR3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162007

Chg-P

CR2E034 (12/06)

City & State

City & State
Paslinch, Ontario

4. FEI Number
20-5094115

Applied For
Not Applicable

Zip

Country

Zip
NOB 2J0

Country
Canada

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

**SCCI
6026 WEST LINEBAUGH AVENUE
TAMPA, FL 33625**

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 \$550.00
Due by September 14, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
RAE, MICHAEL
6026 WEST LINEBAUGH AVENUE
TAMPA, FL 33625** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RAE, LISBIE DR.
6026 WEST LINEBAUGH AVENUE
TAMPA, FL 33625** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael Rae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 25/07 Pres

Date

Daytime Phone #