## FILED Apr 03, 2007 8:00 am Secretary of State 04-03-2007 90006 047 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCU 1. Entity Nam ICSV33, I	ne	# P06000106	82	1								
Principal Place of Business 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606				Mailing Address 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606				40048654				
2. Principal Place of Business - No P.O. Box # 6110 Bahama Shores Dr S				3. Mailing Address 6110 Bahama Shores Dr S								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03082007	Chg-P	CR2	E034 (12/06)		
	City&State St Petersburg, FL			City & State St Petersburg, FL			4. FEI Number 20-5399546				Applied For Not Applicable	
Zip 3370	05	Country USA		2ip 33705 Coun		USA	Λ E. Certificate of State		of Status Desire	d 🗆	\$8.75 Add	
6. Name and Address of Current Registered Agent						Name		7. Name and	l Address of Ne	w Registere	d Agent	
HUDOCK, LESLIE W 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606							Street Address (P.O. Box Number is Not Acceptable)					
						City			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F	_ ı	[
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 litteri	f applicable. (NOTE	. Registere	d Agent signatu	ve required	when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550.	00	9. Election Campai Trust Fund Conti				00 May Be ed to Fees				
10.		OFFICERS AND	DIREC		11,			•	L /CHANGES TO (	OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	אר S1					6110	TSD ☐ Change ☑ Add ames Tiller 110 Bahama Shores Dr S t Petersburg, FL 33705					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							D Micl 6110	☐ Change D chael Leenhouts iO Bahama Shores Dr S Petersburg, FL 33705				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplieriental 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 entires, with all other like empowered.												
SIGNATURE: James Tiller, President Dolo Daylor Printed NAME OF SIGNING OFFICER OR DIRECTOR Dolo Daylor Prome &												

ATTACHMENT TO #P06000106821

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03082007	Chg-P	CR2E0	34 (12/06)	•		
City & State	City & State		4. FEI Numbe	et.			plied For of Applicable			
Zip Country	Zip	Country		5. Certificate of Status Desired See Rec				iltional		
6. Name and Address of Current	Registered Agent	Nar	me	7. Name and	Address of New	Registered A	gent			
HUDOCK, LESLIE W 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606		eet Address (F	t Address (P.O. Box Number is Not Acceptable)							
		City	,	FL				Zip Code		
The above named entity submits this statement to the obligations of registered agent.	registered offi	ce or registers	ed agent, or bot	h, in the State of F	: =	amillar with,	and accept			
SIGNATURE										
Signatura, typed or printed neme of registered agent	and Ittle II applicable. (NOTE	. Registered Agent	signalure required	when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11		
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TITLE	☐ Delete	TITLE			· · · · · ·		☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDR	ESS							
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SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Discourse Priorie 8										