

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P17981

1. Entity Name
I COMMODITIES, INC.



Principal Place of Business

10142 W BROAD ST.
GLEN ALLEN, VA 23060 US

Mailing Address

P.O. BOX 4380
GLEN ALLEN, VA 23058 US



03032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1114179

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOVERMARLE, DONALD H. RR 4 CYNTIANA, KY 41031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CROWDER, LARS E. 10142 W BROAD ST. GLEN ALLEN, VA 23058
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LORENCE, A JOHN JR 31 LINDEN SHORES MADISON, CT 06443
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILL, JEFFREY S 2524 DUNNAM DR RICHMOND, VA 23233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/22/07-80041-017-150.00

**DO NOT WRITE
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

Date

Daytime Phone #