


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000001518 1. Entity Name INTERNATIONAL CIRCLE, INC.	
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Principal Place of Business 121 C E. VILLA CAPRI CIR. DELAND, FL 32724	Mailing Address 121 C E. VILLA CAPRI CIR. DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE



02212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3155962	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLIER, THOMAS W JR. 929 N. SPRING GARDEN AVE., STE. 115 DELAND, FL 32720
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**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, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000131766
04/27/04-80019-013 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KOOYMAN-KUSTERS, IRENE C/O 121 C E VILLA CAPRI CIR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANS, BRENDA A 121 C E. VILLA CAPRI CIR. DELAND, FL 32724
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Breanda A. Mans **BRENDA A. MANS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 Date

386 717-1109 Daytime Phone #