

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

06-07-2006 90003 034 \*\*\*150.00

**DOCUMENT # P94000040579**

1. Entity Name  
**I C L, INC.**



Principal Place of Business  
**4800 4TH STREET NORTH  
SAINT PETERSBURG, FL 33703 US**

Mailing Address  
**PO BOX 66744  
ST. PETERSBURG, FL 33735 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**59-3249591**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALLMOND, GEORGE R.  
421 48TH AVE N  
SAINT PETERSBURG, FL 33703**

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 6, 2006**

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  
☐ Delete

**D  
ALLMOND, GEORGE R  
421 48TH AVE N  
SAINT PETERSBURG, FL 33703**

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

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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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40094901

#P94008840579

Too Whom It may Concern

We didn't get the postcard  
to file this year, and called  
to have this Resent. the  
Company is just Dormant  
And could Be closed this  
year. Thank you