


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90316 028 ***150.00

DOCUMENT # P94000064204	
1. Entity Name INTERNATIONAL COLLECTION SERVICE, INC.	

Principal Place of Business 6535 WINKLER ROAD FORT MYERS FL 33919	Mailing Address 6535 WINKLER ROAD FORT MYERS FL 33919
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2. Principal Place of Business 255 S. Tamiami Trail	3. Mailing Address 26274 Old 41 Road
Suite, Apt. #, etc. Nokomis, FL 34225	Suite, Apt. #, etc. Attn: M. Hawley
City & State Nokomis, FL	City & State Benita Springs, FL
Zip 34275	Country USA
Zip 34135	Country USA

1st MOORE CR2E034 (10/04)

4. FEI Number 65-0514573		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWLEY, PHILLIP E 6535 WINKLER ROAD FORT MYERS FL 33919		7. Name and Address of New Registered Agent Name Martin E. Hawley Street Address (P.O. Box Number is Not Acceptable) 26274 Old 41 Road City Benita Springs FL Zip Code 34135	

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  DATE 4/1/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWLEY, PHILLIP E 6535 WINKLER ROAD FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Martin E. Hawley 26274 Old 41 Road Benita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 4/1/05 (800) 868-2540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR