

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90001 034 ***150.00

DOCUMENT # P95000027303

1. Entity Name
ICC CAPITAL MANAGEMENT, INC.



Principal Place of Business
390 N. ORANGE AVE, STE 2700
ORLANDO, FL 32801 US

Mailing Address
390 N. ORANGE AVE, STE 2700
ORLANDO, FL 32801 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08222005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3310114

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

MCMURRY, GRANT I
390 N. ORANGE AVE, STE 2700
ORLANDO, FL 32801

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 \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CM ☐ Delete
NAME MCMURRY, GRANT I
STREET ADDRESS 390 N. ORANGE AVE., SUITE 2700
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Change ☒ Addition
NAME RICHARD RINDERNECHT
STREET ADDRESS 51 LONG POINT DR.
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE MS ☐ Delete
NAME RUNDELL, RICHARD G
STREET ADDRESS 390 N. ORANGE AVENUE, SUITE 2700
CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE M ☐ Delete
NAME MCMURRY, BART
STREET ADDRESS 390 N. ORANGE AVENUE, SUITE 2700
CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE M ☐ Delete
NAME TINDAL, MICHAEL H.
STREET ADDRESS 390 N. ORANGE AVENUE, SUITE 2700
CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE P ☐ Delete
NAME RICHEY, J. ANDREW
STREET ADDRESS 390 N. ORANGE AVENUE, SUITE 2700
CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE M ☐ Delete
NAME CUTE, JENNIFER
STREET ADDRESS 390 N. ORANGE AVENUE, SUITE 2700
CITY-ST-ZIP ORLANDO, FL 32801

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

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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BART MCMURRY

Date

Daytime Phone #

8/23/05

407-839-8440