


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90090 001 ***150.00

DOCUMENT # P96000000682		
1. Entity Name I.C.S. MANAGEMENT, INC.		

Principal Place of Business P.O. BOX 388 CHOKOLOSKEE ISLAND FL 33925 34138	Mailing Address P.O. BOX 388 CHOKOLOSKEE ISLAND FL 33925 34138
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1363 William Tinley Rd Suite, Apt. #, etc.	
City & State Zip		City & State Keyville GA Zip 30816	



MOORE CR2E034 (11/03)

4. FEI Number 65-0636689		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMALLWOOD, IRIS C 344 CALUSA DRIVE CHOKOLOSKEE ISLAND FL 33925		7. Name and Address of New Registered Agent Name TREISER, COLLINS, VERNON Street Address (P.O. Box Number is Not Acceptable) 3080 TAMIAH TRAIL EAST City Naples FL Zip Code 34112	
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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 *IRIS C Smallwood* Secretary 3/6/04
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 \$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	DPST SMALLWOOD, IRIS C 344 CALUSA DRIVE CHOKOLOSKEE ISLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *IRIS C Smallwood* 3/6/04 (706)554-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #