

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 014 ***150.00

DOCUMENT # P97000042789					
1. Entity Name ICC BUSINESS CREDIT, INC.					
Principal Place of Business 32700 US HIGHWAY 19 N. PALM HARBOR, FL 34684			Mailing Address 32700 US HIGHWAY 19 N. PALM HARBOR, FL 34684		
3. Principal Place of Business 32801 US Hwy 19N. Suite, Apt. #, etc. Suite 100 City & State			3. Mailing Address 32801 US Hwy 19N. Suite, Apt. #, etc. Suite 100 City & State		
Zip		Country		04272006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3497153				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 U.C.C. FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP PLANES, WILLIAM SR 32700 U.S. HWY. 19 N. PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 32801 US Hwy 19 N., S-100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARGULIES, REGINA M 854 CYPRESS LAKEVIEW CT TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32801 U.S. Highway 19 North Suite 100 Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLANES, WILLIAM II 4775 COLLINS AVE #1305 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32801 US Hwy 19N, Suite 100 Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSVP WHITE, LANGFRED W 2904 ASHBURY DRIVE CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Sr. Vice Pres & Director 32801 US Hwy 19 N. Suite 100 Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTC NOLL, DEBORAH 4168 AMBER LANE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President 32801 U.S. Highway 19 North Suite 100 Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, SHEAWN MRS 4735 MILL RUN DRIVE NEWPORT RICHEY, FL 34653	<input type="checkbox"/> Delete	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions con-		
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: By: <u>Langfred W. White</u> as its President 727-781-9885					