## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 31, 2004 8:00 am **DOCUMENT # P97000056847 Secretary of State** 1. Entity Name 03-31-2004 90023 029 \*\*\*150.00 INNOVATIVE CONSTRUCTION TECHNOLOGIES, INC. Principal Place of Business Mailing Address 10912 MONTROSE AVENUE TEMPLE TERRACE FL 33617 10912 MONTROSE AVENUE TEMPLE TERRACE FL 33617 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State Applied For City & State 4. FEI Number 59-3504531 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYNOLDS, MILTON 10912 MONTROSE AVENUE ȚEMPLE TERRACE FL 33617 Street Address (P.O. Box Number is Not Acceptable) City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE NAME REYNOLDS, MILTON MAME 10912 MONTROSE AVENUE STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL 33617 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Milton Keynolds SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED