

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000024910

1. Entity Name
ICORR PROPERTIES REALTY INC.



Principal Place of Business

2 N TAMIMAI TRAIL
STE 210
SARASOTA, FL 34236

Mailing Address

2 N TAMIMAI TRAIL
STE 210
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0822192

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLF, RON H
2 N TAMIAMI TRAIL STE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WOLF, RON H
STREET ADDRESS 2 N. TAMIAMI TRAIL STE 210
CITY-ST-ZIP SARASOTA, FL 34236

TITLE AV
NAME YATES, NANCY L
STREET ADDRESS 2 N. TAMIAMI TRAIL STE 210
CITY-ST-ZIP SARASOTA, FL 34236

TITLE AV
NAME HALL, JOAN
STREET ADDRESS 700 RICHMOND STE 410
CITY-ST-ZIP LONDON, C n6a5c7

TITLE ST
NAME WOLF, NORTON
STREET ADDRESS 700 RICHMOND ST STE 410
CITY-ST-ZIP LONDON, O n6a5c7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000140581
04/29/04-80165-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #