2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000024910

1. Entity Name
ICORR PROPERTIES REALTY INC.

Principal Place of Business	Mailing Address
2 N TAMIMAI TRAIL STE 210 SARASOTA, FL 34236	2 N TAMIMAI TRAIL STE 210 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

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

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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 _____
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, 2006 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	

UD0000528146
05/05/06-80026-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nancy L. Yates NANCY L. YATES 4-17-06 941-954-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #