


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000046113 1. Entity Name INDUSTRIAL CLEANING TECHNOLOGY PROPERTIES, INC.	
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Principal Place of Business 10855 NEW BERLIN ROAD JACKSONVILLE, FL 32226 US	Mailing Address 10855 NEW BERLIN ROAD JACKSONVILLE, FL 32226 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3514540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JOHN S
 10855 NEW BERLIN ROAD
 JACKSONVILLE, FL 32226

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JOHN S 10855 NEW BERLIN RD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, DAVID GREGORY P.O. BOX 1834 N/A ORANGE PARK, FL 320671834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BERNARD H P.O. BOX 1834 N/A ORANGE PARK, FL 320671834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-80026-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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:  **1/9/04** **904-714-3535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #