## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P98000057834 02-09-2006 90033 043 \*\*\*150.00 1. Entity Name BICA, INC. Mailing Address Principal Place of Business 455 COCONUT PALM ROAD 455 COCONUT PALM ROAD VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3530432 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 GARRIS, CHARLES E 819 BEACHLAND BLVD Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32963 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE ☐ Channe Delete NAME STUTT, WILLIAM C NAME 455 COCONUT PALM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP DTS ☐ Delete ☐ Change ☐ Addition TITLE NAME STUTT, CAROLYN L NAME STREET ADDRESS 455 COCONUT PALM ROAD STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ACCORSS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP 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 the empowered.

2/6/06

FILED Feb 09, 2006 8:00 am