

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064602

Entity Name: ICON INVESTIGATIONS INC.

FILED
Sep 07, 2005
Secretary of State

Current Principal Place of Business:

3811 NARROW WAY RD
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2157
VALRICO, FL 33595

New Mailing Address:

FEI Number: 59-3535194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, TIMOTHY G
3405 BLOOMINGDALE OAKS CT.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARD, TIMOTHY G
Address: 3405 BLOOMINGDALE OAKS CT.
City-St-Zip: VALRICO, FL 33594

Title: V () Delete
Name: WARD, DONN S
Address: 3405 BLOOMINGDALE OAKS CT
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: PARKER, DEBRA
Address: 3811 NARROW WAY RD
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY G. WARD

PRES

09/07/2005

Electronic Signature of Signing Officer or Director

_____ Date