

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Robins MAY 02 2005

<b>DOCUMENT # P98000103067</b> 1. Entity Name <b>ICC MORTGAGE COMPANY, INC.</b>						<div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">FILED</div> <div style="transform: rotate(-15deg); font-weight: bold;">05 APR 29 PM 12:45</div> <div style="transform: rotate(-15deg); font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>32700 US HIGHWAY 19 N. PALM HARBOR, FL 34684</b>				Mailing Address <b>32700 US HIGHWAY 19 N. PALM HARBOR, FL 34684</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>59-3567248</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name <b>Langfred W. White</b> Street Address (P.O. Box Number is Not Acceptable) <b>32700 U.S. Highway 19 North</b> City <b>Palm Harbor</b> <b>FL</b> <b>34684</b>			
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 BY: <u>Langfred W. White</u> <b>Langfred W. White</b> <u>4/28/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLANES, WILLIAM II 32700 US HWY 19 N. PALM HARBOR, FL 34684	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400054205484</b> <b>05/10/05--01040--010 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLANES, REGINA M 854 CYPRESS LAKE VIEW CT TARPON SPRINGS, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLANES, WILLIAM II 4775 COLLINS AVE. #1505 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PLANES, WILLIAM SR D 854 CYPRESS LAKE VIEW CT TARPON SPRINGS, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP WHITE, LANGFRED W 2094 ASHBURY DRIVE CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTC NOLL, DEBORAH 4168 AMBER LANE PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: By: <u>Langfred W. White</u> <b>Langfred W. White</b> <u>4/28/2005</u> <b>727-781-9885</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							