

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 015 ***150.00

DOCUMENT # P98000103067 1. Entity Name ICC MORTGAGE COMPANY, INC.					
Principal Place of Business 32700 US HIGHWAY 19 N. PALM HARBOR, FL 34684			Mailing Address 32700 US HIGHWAY 19 N. PALM HARBOR, FL 34684		
2. Principal Place of Business 32801 US Hwy 19 N.		3. Mailing Address 32801 US Hwy 19 N.			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State 		City & State 			
Zip 		Zip 		02222006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3567248				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, LANGFRED W 32700 US HWY 19 N PALM HARBOR, FL 34684-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 32801 US Hwy 19 N. Suite 100 City FL 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 <i>By: Langfred W. White</i> <small>Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating.</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32801 US Hwy 19 North, Suite 100	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PLANES, REGINA M 854 CYPRESS LAKE VIEW ST TARPON SPRINGS, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32801 U.S. Highway 19 North Suite 100 Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PLANES, WILLIAM SR D 854 CYPRESS LAKE VIEW ST TARPON SPRINGS, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director, President & CEO	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP WHITE, LANGFRED W 2894 ASHBURY DRIVE CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director, Sr Vice President & Secretary 32801 US Hwy 19 N., S-100 Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASTC NOLL, DEBORAH 4168 AMBER LANE PALM HARBOR, FL 34685	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Shawn K BROWN 32801 US Hwy 19 N., Suite 100 Palm Harbor, FL 34684	
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: <i>By: Langfred W. White</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			727-781-9885 <small>Daytime Phone #</small>		