

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90183 026 ***150.00

DOCUMENT # P99000004651 1. Entity Name INDEPENDENT CONSULTING GROUP INC.					
Principal Place of Business 5815 MEMPHIS AVE. PENSACOLA, FL 32526			Mailing Address 5815 MEMPHIS AVE. PENSACOLA, FL 32526		
2. Principal Place of Business 1416 TEMPLEMORE DR.		3. Mailing Address 1416 TEMPLEMORE DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03052006 Chg-P CR2E034 (11/05)	
City & State CANTONMENT FL		City & State CANTONMENT FL		4. FEI Number 59-3552845	
Zip 32533		Country ESLAMBA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32533		Country ESLAMBA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, VICKIE L 5815 MEMPHIS AVE. PENSACOLA, FL 32526			7. Name and Address of New Registered Agent Name VICKIE L. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 1416 TEMPLEMORE DR. City CANTONMENT FL Zip Code 32533		
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 <u><i>Vickie L. Williams</i></u> <u><i>VICKIE L. WILLIAMS (P)</i></u> <u><i>3-5-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P WILLIAMS, VICKIE L 5815 MEMPHIS AVE PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICKIE L. WILLIAMS 1416 TEMPLEMORE DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERT E. WILLIAMS 1416 TEMPLEMORE DR. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 like empowered.					
SIGNATURE: <u><i>Vickie L. Williams</i></u> <u><i>VICKIE L. WILLIAMS</i></u> <u><i>3-5-06</i></u> <u><i>968-2234</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					