

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000049757 1. Entity Name ICON CONSULTANT GROUP, INC.	
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Principal Place of Business 10006 N DALE MABRY HWY 201 TAMPA, FL 33618	Mailing Address 10006 N DALE MABRY HWY 201 TAMPA, FL 33618
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3576100	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, MICHAEL
16914 MELISSA ANN DRIVE
LUTZ, FL 33558

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RECHTORIK, MICHAEL J 10006 N DALE MABRY HWY STE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEBRE, MANUEL 10006 N DALE MABRY HWY STE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, MICHAEL 10006 N DALE MABRY HWY STE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLUCCIA, ANGELO 10006 N DALE MABRY HWY STE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, DENNIS 10006 N DALE MABRY HWY STE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80082-015 158.75

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: R. Dennis Murray R. Dennis Murray 1/6/05 813-962-8689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #