

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000049757**

1. Entity Name  
**ICON CONSULTANT GROUP, INC.**



Principal Place of Business  
**10006 N DALE MABRY HWY  
201  
TAMPA, FL 33618**

Mailing Address  
**10006 N DALE MABRY HWY  
201  
TAMPA, FL 33618**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3576100**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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02/07/07-80071-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 30, 07 813.962-8689*