

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 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**



01042008 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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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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01/31/08-80003-015 150.00

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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 registered agent 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: Michael E Mills 01/24/08 813.962.8689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #