

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90015 011 ***150.00

DOCUMENT # P99000052315

1. Entity Name
**INTERNATIONAL COMMUNICATIONS GROUP
CORPORATION**



Principal Place of Business
**5602 RECKER HIGHWAY
WINTER HAVEN, FL 33880**

Mailing Address
**5602 RECKER HIGHWAY
WINTER HAVEN, FL 33880**

2. Principal Place of Business
1147 E. Edgewood Drive

3. Mailing Address
1147 E. Edgewood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004

Chg-P

CR2E034 (10/03)

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
59-3582958

Applied For
☐ Not Applicable

Zip
33803-3221

Country
Polk

Zip
33803-3221

Country
Polk

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FENTON, BAXTER'S
1147 EDGEWOOD DR. EAST
LAKELAND, FL 33803**

Name
Street Address (P.O. Box Number is Not Acceptable)
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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **FENTON, B S**
STREET ADDRESS **1147 EDGEWOOD DR E**
CITY- ST- ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **VT** ☐ Delete
NAME **FENTON, JUDY A**
STREET ADDRESS **1147 EDGEWOOD DR E**
CITY- ST- ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #