

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000052672

1. Entity Name

ICS CONSOLIDATED, INC.



Principal Place of Business

4400 140 AVE N STE 250  
CLEARWATER, FL 34622

Mailing Address

4400 140 AVE N STE 250  
CLEARWATER, FL 34622



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3581509

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POAD, MARTIN L  
4400 140 AVE N STE 250  
CLEARWATER, FL 34622

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000474458  
04/04/06-80024-014 150.00

10. OFFICERS AND DIRECTORS

TITLE DCP  
NAME POAD, MARTIN L  
STREET ADDRESS 4400 140 AVE NORTH STE 250  
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE DVS  
NAME POAD, DIANE R  
STREET ADDRESS 2148 LAWRENCE DR  
CITY-ST-ZIP CLEARWATER, FL 34624

TITLE DV  
NAME SCOTT, WILLIAM A  
STREET ADDRESS 2760 WESTCHESSTER DR N  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE DV  
NAME HIGGINS, ALAN E  
STREET ADDRESS 2805 LUCE CIRCLE  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: William A. Scott William A. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

727-824-8663

Daytime Phone