## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000052672

Title:

Name:

Address:

City-St-Zip:

DV

HIGGINS, ALAN E

2805 LUCE CIRCLE

CLEARWATER, FL 33761

(X) Delete

Entity Name: ICS CONSOLIDATED, INC.

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4400 140 AVE N STE 250 CLEARWATER, FL 34622 **Current Mailing Address: New Mailing Address:** 4400 140 AVE N STE 250 CLEARWATER, FL 34622 FEI Number: 59-3581509 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POAD, MARTIN L 4400 140 AVE N STE 250 US CLEARWATER, FL 34622 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCPT ( ) Delete () Change () Addition POAD, MARTIN L Name: Name: 4400 140 AVE NORTH STE 250 Address: Address: City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: POAD, DIANE R Name: SCOTT, WILLIAM A 2148 LAWRENCE DR 2760 WESTCHESSTER DR N Address: Address: CLEARWATER, FL 34624 CLEARWATER, FL 33761 City-St-Zip: City-St-Zip: Title: () Delete (X) Change ( ) Addition DVS Title: DV SCOTT, WILLIAM A HIGGINS, ALAN E Name: Name: 2760 WESTCHESSTER DR N 2805 LUCE CIRCLE Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM SCOTT DVS 04/28/2009

() Change () Addition