

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000052672

Entity Name: ICS CONSOLIDATED, INC.

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4400 140 AVE N STE 250  
CLEARWATER, FL 34622

## **New Principal Place of Business:**

640 BROOKER CREEK BLVD  
465  
OLDSMAR, FL 34677

## **Current Mailing Address:**

4400 140 AVE N STE 250  
CLEARWATER, FL 34622

## **New Mailing Address:**

640 BROOKER CREEK BLVD  
465  
OLDSMAR, FL 34677

FEI Number: 59-3581509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

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

## **Name and Address of New Registered Agent:**

POAD, MARTIN L  
640 BROOKER CREEK  
465  
OLDSMAR, FL 34677 US

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:

04/01/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DCPT  
Name: POAD, MARTIN L  
Address: 2148 LAURENCE DR  
City-St-Zip: CLEARWATER, FL 33764

Title: DVS  
Name: SCOTT, WILLIAM A  
Address: 2760 WESTCHESSTER DR N  
City-St-Zip: CLEARWATER, FL 33761

Title: P  
Name: BRADSHAW,, JAMES  
Address: 2818 ROEHAMPTON  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM A SCOTT

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04/01/2011

Electronic Signature of Signing Officer or Director

Date