

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # V08296

1. Entity Name  
ICORR PROPERTIES INC.



Principal Place of Business  
2 NO TAMiami TR  
STE 210  
SARASOTA, FL 34236 US

Mailing Address  
2 NO TAMiami TRAIL  
STE 210  
SARASOTA, FL 34236 US



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0314218

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WOLF, RON H  
C/O ICORR  
2 N. TAMiami TRAIL., STE. 210  
SARASOTA, FL 34236

**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 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

U000000141878  
04/30/04-80029-006 300.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
C  
WOLF, NORTON  
700 RICHMOND STREET, STE. 410  
LONDON, ONTARIO, CAN,

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PS  
WOLF, RON  
2N. TAMiami TR., STE. 210  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
AVP  
YATES, NANCY L  
2 NORTH TAMiami TRAIL., STE. #8  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
AVP  
HALL, JOAN  
700 RICHMOND STREET., STE. 410  
LONDON, ONTARIO, n6a5c7

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 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 #