


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V08296**  
 1. Entity Name  
**ICORR PROPERTIES INC.**



Principal Place of Business      Mailing Address  
**2 NO TAMIAMI TR**                      **2 NO TAMIAMI TRAIL**  
**STE 210**                                      **STE 210**  
**SARASOTA, FL 34236 US**              **SARASOTA, FL 34236 US**

**DO NOT WRITE IN THIS SPACE**



04122005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
**65-0314218**                      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**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WOLF, NORTON
STREET ADDRESS	700 RICHMOND STREET, STE. 410
CITY-ST-ZIP	LONDON, ONTARIO, CAN.
TITLE	PS
NAME	WOLF, RON
STREET ADDRESS	2N. TAMIAMI TR., STE. 210
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AVP
NAME	YATES, NANCY L
STREET ADDRESS	2 NORTH TAMIAMI TRAIL., STE. #8
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AVP
NAME	HALL, JOAN
STREET ADDRESS	700 RICHMOND STREET., STE. 410
CITY-ST-ZIP	LONDON, ONTARIO, n6a5c7
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/19/05-80029-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W. Wolf      4-15-05      941-954-2300  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #